



## EOSAM2014 CREDIT CARD PAYMENT

Herewith I authorize European Optical Society to charge the conference dinner fee of EOSAM 2014 conference.

<b>Participant name:</b>	
<b>Institution/Company:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>FEE euro:</b>	<b>60.00 EURO</b>

Please fill in and sign - return by fax to **+358 13 2637 111**

For any question contact: [karppinen@myeos.org](mailto:karppinen@myeos.org)

### CREDIT CARD PAYMENT

**Charge to my:**      Mastercard<sup>1</sup>                       VISA<sup>1</sup>                       Eurocard<sup>1</sup>

**Card No.:**                 

**Expiry Date:** \_\_\_\_\_

**Verification No.:** \_\_\_\_\_

[**Mastercard, Visa, Eurocard:** The final 3-digit number located on the back of your credit card.]

**Name of credit card holder:** \_\_\_\_\_

**Address of credit card holder:** \_\_\_\_\_

**Amount to be charges:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_