

## Registration Module

# Credit Card Authorisation Form

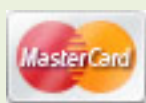
Course TO-1519 "Workshop on Pri-implantitis" April 4 - 6, 2019

Registration fee € 3.050,00

Payment Card Details: *Please complete and return to us the form below*

Card Type:

☐ VISA ☐ MasterCard ☐ Maestro ☐ Other \_\_\_\_\_



*NO Diners Club & American Express*

Card Number \_\_\_\_\_

CVC security N° \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

I hereby authorize **TangramOdis srl** to charge to my credit card the amount of € 3.050,00 for registration to the **Course TO-1519**.

Family Name \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Please return to us the Authorization Form completely filled in capitals

Return by **fax + 39 055 241021**

*The due invoice will be forwarded by email.*