

**Shoulder Instructional Course 2010
Zagreb, Croatia
23.04. – 24.04.2010.**

CREDIT CARD AUTHORISATION FORM

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SHOULDER INSTRUCTIONAL COURSE 2010

Participant's Name _____
Participant's Surname _____
Address _____
Phone _____
E-mail _____

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorise Conventus Credo d.o.o. to charge my credit card for the following payment:

TOTAL AMOUNT TO BE CHARGED _____ Eur

Credit card details:

Mastercard American Express Visa Diners

Credit card number _____

Cardholder's name _____

Expiry date _____

CVC code¹ _____

Address² _____

¹ CVC2 (MasterCard) or CV2 (Visa, Diners) code is printed on the reverse side of your credit card at the signature panel, after the number of your credit card (last three digits).

² Please, do not forget to fill in the billing address (American Express only).

Date _____

Cardholder's Signature _____