

CREDIT CARD AUTHORIZATION FORM

Card name:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card's number:		
Expiration date:		
Card type:	<input type="checkbox"/> Business	<input type="checkbox"/> Private
Cardholder's name:		
Institution or Company: <i>(for business credit cards)</i>		
VAT number: <i>(obligatory for EU-based institutions and companies)</i>		
Billing address:		
City and postcode:		
Country:		
Date:	Signature:	
<p>I authorize PerfectMeetings.hr to:</p> <p><input type="checkbox"/> Use my above card ONLY as booking guarantee</p> <p><input type="checkbox"/> Charge my above card for the amount of EUR _____</p> <p><i>(equivalent in local currency).</i></p>		
Conference Name:	<p>From Solid State To Biophysics XI Dubrovnik, Croatia June 08 – 12, 2024.</p>	
Service:		
<p>Please send this form by email nina.dumancic@perfectmeetings.hr</p>		
<p>Your data will be protected and completely safe! The invoice will be sent to the email address provided.</p>		