



CREDIT CARD AUTHORIZATION FORM

COMPANY: _____

NAME OF CARD HOLDER: _____

CREDIT CARD N°: _____

EXPIRY DATE: _____

CVS CODE: _____
(three digits at the back)

I herewith authorise SPINEWEEK to charge the total amount of: _____ EURO

REFERENCE*: _____

** e.g. name of the congress, participant, registration number, etc...*

DATE:

CARD HOLDER'S SIGNATURE:

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