

## ISUOG 2010

Participant's Name and Surname: \_\_\_\_\_

Participant's Address:

Participants's Contact: \_\_\_\_\_

Date: \_\_\_\_\_

### CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize GUARANT International spol. s r.o. (Opletalova 22, 110 00 Prague 1, Czech Republic, Comercial Registration number: 4524 5401) to charge my credit card for the following payment:

**Payment description:**

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TOTAL AMOUNT TO BE CHARGED: \_\_\_\_\_

**Credit Card Details:**

Credit card type: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

CVC code<sup>1</sup>: \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Billing address<sup>2</sup>: \_\_\_\_\_

<sup>1</sup> CVC2 (MasterCard / EuroCard) or CVV2 (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).

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

\_\_\_\_\_  
Cardholder's signature

**Please send the completed and signed Authorization Form to:  
GUARANT International spol. s r.o. fax number: + 420 284 001 448**