

CREDIT CARD AUTHORIZATION FORM

I _____, authorize Remedicon Kft. as technical organizer of
14th East-West Immunogenetics Conference (EWIC) Budapest, Hungary **March 5 -7, 2020**
to charge my credit card with registration fee.

Credit Card Information

Card Type: MasterCard VISA

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: (mm/yy): _____ CVC number: _____

Cardholder Address: _____

Invoice address: _____

Total amount (to be charged only in HUF):

HUF _____

Signature: _____

Date: _____

Please send the filled form back by fax (+36 1 2250189) or e-mail info@remedicon.hu
Thank you!