

REGISTRATION

2nd AVACS Autumn School, September 30 – October 02, 2015 in Oldenburg

Credit Card Fax Form

Please fill in this form and fax it to: +49 441 9722 502

Your Name

Amount

_____ EURO

Credit Card Type (VISA or Mastercard)

Card Number (16 digits, no hyphens/slashes etc.)

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Card holder's name as stated on card

Expiration Date (MMYY, e. g. 12 08)

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PIN/Security CVC (3 or 4 digits, depending on card type)

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Signature of Card Holder