

## **XIV<sup>TH</sup> CONGRESS OF THE CZECH ORTHODONTIC SOCIETY**

**SEPTEMBER 26 – 28, 2013 / ANGELO HOTEL / PLZEŇ / CZECH REPUBLIC**

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

**Participant's Address:** \_\_\_\_\_

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\_\_\_\_\_

**Participant's Contact (phone, e-mail):** \_\_\_\_\_

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

### **CREDIT CARD PAYMENT AUTHORIZATION FORM**

I hereby authorize GUARANT International spol. s r.o. (Na Pankráci 17, 140 21 Prague 4, Czech Republic, Commercial Registration number: 4524 5401) **to charge my credit card** for the following payment:

**Payment description:** \_\_\_\_\_

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

### **CREDIT CARD DETAILS:**

Credit card type (MasterCard/Eurocard, Visa, Diners Club, American Express): \_\_\_\_\_

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

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

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

Billing address\*: \_\_\_\_\_

\_\_\_\_\_  
\* 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. by fax (+ 420 284 001 448) not by e-mail for security reasons.**