11th CoRoT Week
La Laguna, 19-22 March 2013

CREDIT CARD PAYMENT FORM

(Please use capital letters)

Complete and return this form by
fax to +34 922 605 298 or scan and email to cw11@iac.es

This information will be strictly confidential.

I hereby autorize the IAC to charge 100€ per participant for the Registration Fee for the meeting specified above

Please give your full credit card information to allow quick processing. All data will be strictly confidential.

Participant Name(s): _____ E-mail: _____

Amount: _____

Card type: ☐ Visa ☐ Mastercard

Credit card no.: _____

Expiry date (mm/yy) ____ / ____

Card holder's name: _____

Signature: ..... Date: .....

Privacy policy

We have set up the following rules to handle personal information.

1.- We guarantee that we will use this information only for registration purposes.
2.- We guarantee that we will not disclose your personal information to any one.

All personal data will be held in the Identity Data Verification System according to the Royal Decree 522/2006, 28 April, B.O.E. May 9th. Law 15/1999 for the Protection of Personal Data.