



A GLOBAL EVENT PARTNER

AUTORIZZAZIONE CARTA DI CREDITO CREDIT CARD AUTHORIZATION

I hereby _____ instruct

to debit my credit card an amount of

NAME OF CARD HOLDER:	
ADDRESS OF CARD HOLDER:	
CARD TYPE:	
CARD NUMBER:	
EXPIRY DATE:	

Amount € _____

In relationship to the 3th Biennial Schizophrenia International Research Society Conference,
for the following service:

CARD'S HOLDER SIGNATURE

DATE

Please counter-sign and return this fax to +39 055 30 33 895 attaching photocopy of front & back of credit card