

CREDIT CARD AUTHORIZATION

Use clear capital letters.

I hereby authorize the Department of Mathematics, University of Turku to bill the following fee for the 3rd Nordic EWM Summer School for PhD Students in Mathematics.

Name of the cardholder:

Address of the cardholder:

Mastercard or Visa?

Card number:

CVC (Card Verification Code, the last three digits at the back of the card):

Expiration date:

Amount to be charged (in euros):

Names of the participants (if different from the cardholder):

Date and signature:

Fax to:
+358 2 333 6595

Department of Mathematics
University of Turku
20014 Turku
Finland