

METHOD OF PAYMENT

Registrations will not be processed without payment.

1. Card:

Card Number _____ Expiration Date _____

CVV Code _____
(Last 3 digits of the security code on the back side of the card or in case of AmEx the 4-digit code on the front side)

Cardholder's Name _____

Cardholder's Address _____

Cardholder's Signature _____

2. Bank transfer to the account:

Beneficiary's name: SCOPE Meetings Ltd. "IMEKO TC10"
IBAN: HU35 1171 1041 2042 0022 0000 0000
Bank name: OTP (National Savings Bank)
Bank address: H-1117 Budapest, Karinthy F. ut 16, Hungary
SWIFT Code: OTPVHUBH

Please, attach a proof of the remittance to this Registration Form (preferably by fax: +36-1-386-9378) and make sure that the name of each Workshop participant is clearly indicated on all documents.

Date

Signature