

**9th European Workshop on  
Advanced Control and  
Diagnosis, ACD 2011**

Budapest, Hungary  
17-18 November, 2011



## CREDIT CARD FORM

After filling in and printing out this form, please send it  
to the ACD 2011 Secretariat

*Eva Thiry, SCOPE Meetings Ltd.  
H-1111 Budapest, Kende u. 13-17., Hungary; fax: +361 386 9378*

I authorise the **Scope Meetings Ltd.** (ACD 2011 Secretariat) to charge  
the amount of **EUR** ..... to my credit card listed below.

### Personal data

Surname/Family name ..... First name .....

Phone (*incl. country code*) ..... E-mail .....

### Credit card data

EuroCard/MasterCard

Visa

Card number .....

Expiration date (mm/yy) .....

CVV code .....

(*Last 3 digits of the security code on the back side of the card.*)

Cardholder's name .....

Cardholder's address .....

Date: .....

Cardholder's signature: .....