

# Budapest 2004 Credit Card Form

After filling in and printing out this form, please send it to the Budapest 2004 Local Secretariat  
by fax or via (air) mail:

Budapest 2004 Local Secretariat, c/o Mariann Kindl, MTA SZTAKI  
Kende u. 13-17, H-1111 Budapest, Hungary, fax: +361 386 9378

I authorise the Budapest 2004 Local Secretariat (MTA SZTAKI) to charge  
**the amount of .....**  
to my credit card listed below.

## Personal Data

Surname/Last name .....

First name .....

Phone .....

E-mail .....

## Credit Card Data

American Express       EuroCard/MasterCard       Visa

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 card the additional 4-digit on the front)*

Cardholder's name .....

Billing address .....

Date .....

Signature .....