

<p>Organizer</p> <p>Foundation for Development of Wrocław University of Technology</p> <p>Wybrzeże Wyspiańskiego 27, 50-370 Wrocław Poland</p> <p>Phone/Fax: +48 71 320 43 52 e-mail: fundacja@pwr.wroc.pl</p>	<p>Participant Data:</p> <p>Name</p> <p>Address:</p> <p>.....</p> <p>Tel:.....</p> <p>Fax.....</p> <p>Email:</p>
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Payment Form for MSS-16

Specification of services	Quantity	Unit-price net. [EURO]	Total-price net. [EURO]	TAX	TOTAL PRICE [EURO]
MSS conference fee	1				
				TOTAL	

Payment details

Type of credit card: ☐ Visa ☐ MasterCard

Credit Card Holder:

Credit card number:

Valid until: /

Debit Agreement

I hereby authorize the organizers of the conference MSS-16 to debit my above account with the total amount of _____ Euro.

Date: _____ Signature: _____

Please send to the fax number given above.