

CREDIT CARD PAYMENT FORM

I C A M D A T A 0 5

MEUDON – October 15-19, 2006

Name of Participant :.....

Please charge to the following credit card the charges for registration fees

Amount :.....EUR

Type of Credit Card : VISA / MASTER / EUROCARD

Name of Card Holder :

Credit Card Number :

Expiration Date :.....

Signature :..... Date :

Please send this CREDIT CARD PAYMENT FORM

to the following FAX Number : + 33 – 01.45.07.50.16

**AGENT COMPTABLE SECONDAIRE DU CNRS
Delegation Ile de France Ouest & Nord**

ABSOLUTE CONFIDENTIALITY