



## PARTICIPATION FORM **No. 5** (Credit Card Authorisation Form)

Please complete all fields.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Maestro <input type="checkbox"/> Diners <input type="checkbox"/> AMEX
Cardholder Name as shown on card:
Card Number (16 digits):
Expiration Date mm/yy: __ / __
Last three digits on the back of your card (CVV, CVD):
Transaction Reference as it will show in your card account statement:  (We usually make the following reference: "(your) Surname Name - 30 ICOP fees". If you agree with this, leave this section incomplete; or indicate other relevant reference)
Email address of the cardholder where the transaction receipt will be sent:

**Signature:**

**Date:**

(Please send this form as a WORD document (not as PDF) at: [Secretariat@iagp.gr](mailto:Secretariat@iagp.gr))