



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

**You must complete all fields!**

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| <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 of the card, mm/yy:  |
| Last three digits on the back of your card (CVV, CVD):   |
| Transaction Reference (as it will show in your card account statement):<br><br>(We usually make the following reference: "(your) Surname Name - 30 ICOP fees".<br>If you agree with this, leave this section incomplete; or indicate other relevant reference) |
| Email address of the cardholder (where the transaction receipt will automatically be sent):  |
| Cardholder's telephone number (to be contacted by his/her bank): +.....  |

**Signature:**

**Date:**

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