**COLLOQUIUM "591”**

**"Three-dimensional instability mechanisms in transitional and turbulent flows"**

CREDIT CARD PAYMENT AUTHORIZATION FORM

to be completed in block letters and sent to Centro Italiano Congressi CIC Sud srl

Viale Escrivà, 28 – 70124 Bari Fax +39 080/5043736 email: info@cicsud.it

❑ **Credit Card**

Please charge the total amount of ................. to the following credit card:

❑ VISA ❑ MasterCard

Your signature indicates your agreement to pay the fees with the credit card number provided below

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Card Number: \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: Month \_\_\_\_\_\_\_\_ / Year: \_\_\_\_\_\_\_\_

Cardholder's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature……………………………………………….. Date…………………………………………………

*Pursuant to the Italian Act on privacy no. 196 of June, 30, 2003, I hereby authorize to use my personal data contained herein.*