



Credit Card Payment

Descriptive Complexity of Formal Systems
High Tatras, Slovakia, July 20 – 22, 2007

Please, fill in and **sign** this form. Credit-card holder signature is required for processing your credit card payment. This form can be sent either:

- by fax to +421-55-62 209 49, +421-55-62 221 24
- or by surface mail to:

DCFS 2007 - Registration
Institute of Computer Science
P. J. Safarik University
Jesenna 5, 040 01 Kosice, Slovakia

Payment for:

Name:

Email:

Affiliation and Address:

.....

.....

Please, charge my credit card with the amount of SKK

Card Type: VISA EuroCard/MasterCard

Card Holder's Name:

Card Holder's Address:

.....

Card Number:

Expiration Date:

CVC-2/CVV-2 code*:

Date: _____ Signature: _____

* CVC-2/CVV-2 code are the last three digits written on the back side of the card, see the slip with the Authorized Signature.