

ISPA 2003 Credit Card Payment Form

Please fill-out and fax this form to:
Mrs. Giovanna Pecorone, University of Rome 3
Fax Number: +39 06 55177026

Symposium Participant Information

Title: _____

First Name: _____ Last Name: _____

Affiliation: _____

Phone: _____ Fax: _____ E-mail: _____

Registration Information

	Early Registration (before Aug 1, 2003)	Late Registration (after Aug 1, 2003)
Regular	300 EUR	350 EUR
Student	220 EUR	250 EUR

Please check one: Regular Registration Student Registration

Registration fee amount to charge: _____

Credit Card Information

Please check one: VISA MasterCard Diners American Express

Credit Card Number: _____

Name as it appears on card: _____

Expiration Date (Month/Year): _____

Signature: _____

By signing this form, you authorize University of Rome 3 to apply the charges above to your credit card account.