

## AUTHORIZATION PAYMENT FORM

**SERVICES YOU ARE PAYING FOR:**

Registration     Hotel Accommodation     Additional dinner ticket     Other services

Please indicate below name and last name of Registered Person

**Name and Last name\*** \_\_\_\_\_

I hereby authorize Viajes Pacifico S.A. to charge my credit card account with the total amount stated below.

Please indicate your credit card:

VISA

MASTER CARD

Credit card Holder Name: \_\_\_\_\_

Credit card Number: \_\_\_\_\_

CVC (the last three digit numbers on back of the credit card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

THIS CREDIT CARD IS ONLY USED FOR THE PAYMENT OF SERVICES ORDERED BY THE PARTICIPANT.

*(please fill in the following details below if you need an invoice)*

Organization name: \_\_\_\_\_

VAT N<sup>o</sup> (EU Companies): \_\_\_\_\_

Company address, postal code, city and country: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_

**TOTAL AMOUNT TO BE CHARGED (VAT INCLUDED) .....**   €

**Please fill in the form and send back to Grupo Pacifico as per details below:**

GRUPO PACÍFICO – TECHNICAL SECRETARY

Fax: 93 238 74 88 / [iccv2011@pacifico-meetings.com](mailto:iccv2011@pacifico-meetings.com)