

CREDIT CARD PAYMENT FORM

A S T R O N U M 2007

PARIS – June 11-15, 2007

Name of Participant :

Please charge to the following credit card the charges for registration fees

Amount :EUR

Type of Credit Card : VISA / MASTER / EUROCARD

Name of Card Holder :

Credit Card Number :

Expiration Date :

Signature : Date :

Please send this CREDIT CARD PAYMENT FORM

to the following FAX Number : + 33 – (0)1 69 08 31 47

ABSOLUTE CONFIDENTIALITY