

Credit Card Payment Order Form

I hereby confirm that I will pay the following amount to the IAMM/ISfAM Congress
"The Future of Music and Arts in Medicine and Health":

Name: _____

Amount: EURO

Visa Mastercard

Credit card
number:

Valid until:

month	year
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Name on credit card: _____

Security code:

Date, Signature

Please return the signed form to **ISfAM FAX No. +49 30 450 529 902**