



Credit Card Authorization

to the International Cartilage Repair Society - ICRS

(Please fill in all the information and fax back to the ICRS Executive Office at Fax: +41 44 390 18 41)

I herewith authorize the following amount to be applied to the credit card listed below.

Amount to be charged: _____ Euros

_____ US\$

Expenses referring to: Membership fee / year _____

Registration fee / _____

Others, please specify _____

Credit Card : VISA

Mastercard

C/C Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiration Date: _ _ / _ _

CVV Code (for VISA only): _ _ _
(3 last digits in the signature field on the backside of your card)

Authorized signature
(same as on card) _____

Issued to:
(exact name on card): _____

Date: _____