

AUTHORIZATION FORM FOR CREDIT CARD PAYMENTS

Puerto Rico Neuropsychanalysis Workshop

November 2nd and 3rd, 2018

Important: Workshop will be in English

Participant full name: _____

Phone number: _____

Email address: _____

Cardholder name (as shown on card): _____

Credit card number: _____

Credit card type: MasterCard Visa

Expiration date (mm/yy): _____

Cardholder zip code (from credit card billing address): _____

