Conferenceseries llc Limited

conferenceseries.com

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Credit Card Authorization Form

Card Holder's Name :

Address : _____

_____

Zip Code* : _____ Phone* : _____

Maild ID* : _____

Card Type : Visa Master American Express Others

Card Number :

Expiration Date :_____/_____*(MM/YYYY)* CVV : _____

Amount to Charge : _____

Registration Type : _____

Conference Name : _____

I authorize Conference Series LLC Limited. To charge the agreed amount listed above to my credit card provided herein.

Signed : _____

_____

Date :

**Please complete duly this authorization form and return to us*

***All information will remain confidential.*