

1. Methods of Payment

I will pay the invoice amount with my credit card.

Name of participant: _____

Name of cardholder: _____

VISA Mastercard (Please note that we cannot accept other credit cards.)

Card number: _____

KPN number (last 3 digits on the back of the card): _____

Expiration Date: _____

Card holder's signature: _____

Please note two things for the credit card payment: First check whether your bank allows any charging from Germany. Furthermore, please check whether you have a credit limit given by your bank which is less than the amount we need to charge or if you have an insufficient available amount on your bank account.

Date

Participant's signature

Please send this document either as a scan to Jacqueline Kurth (jacqueline.kurth@fu-berlin.de) or as fax to 0049 30 838 473 446.