



## Credit Card Payment Form

Please, print and fill in the Registration Form and send it by email or fax (noelia.aparicio@upc.edu / +34 93 401 06 67). Incomplete forms will not be processed.

Dr.  Prof. **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**P.C.:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## Credit Card Information:

**Credit Card Type** (VISA or MASTERCARD):

**Credit Card Number:**

**Expiry Date: (MM/AA):**

**Cardholder's Name:**

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**Please, send a copy of this Credit Card Payment Form to  
noelia.aparicio@upc.edu  
(Tel. +34 93 401 07 17 / Fax. +34 93 401 06 67)**

**Date:**

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Signature