



Credit Card Authorization

International Cartilage Repair Society - ICRS

Please fill in all the information and fax back to the ICRS Executive Office at
Fax: +41 (0) 44 503 73 72

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

Amount to be charged: € _____

Expenses referring to: Membership fee / year: _____
 Registration fee / _____
 Others, please specify _____

Indicate the name of person to be credited if different from the credit card holder

Credit Card : VISA
 Mastercard
 AMEX

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

Expiration Date: _ _ / _ _

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

Authorized signature
(same as on card) _____

Issued to:
(Card Holder): _____

Date: _____