

Fax: +370 5 2124124

To: VISUS PLENUS, Ms. Egle Uzusienyte

Subject: registration fee for ICQO-2008

AGREEMENT of PAYMENT

Name: _____

Address: _____

City: _____ Country: _____ Zip: _____

Phone number: _____ Fax number: _____

E-mail: _____

TYPE OF CREDIT CARD: ☐ VISA ☐ MASTERCARD

CREDIT CARD NUMBER:

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EXPIRATION DATE (month/year): _____

CVC2/CVV2(for Visa/Master Card): _____

NAME OF CARD HOLDER: _____

CARD HOLDER'S SIGNATURE: _____

DATE: _____

By signing this form I authorize Visus Plenus to effect the payment for registration fee
for the amount of _____ EUR.