



FAX NUMBER: + 34 93 401 25 78

To: Ms. Natalia Méndez, ORP'2010 Secretariat

Through this setter I authorize Universitat Politècnica de Catalunya to charge my credit card with € _____ (Euro), as payment of the total amount of my participation to the VIII Internacional Conference on Occupational Risk Prevention ORP2010, which will be hold in May 5th to 7th in Valencia, Spain.

Full name of the credit card holder:

Credit card type: Visa

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