



CREDIT CARD AUTHORIZATION FORM

Card name:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card's number:	
Expiration date:	
Card type:	<input type="checkbox"/> Business <input type="checkbox"/> Private
Cardholder's name:	
Institution or Company: <i>(for business credit cards)</i>	
VAT number: <i>(obligatory for EU-based institutions and companies)</i>	
Billing address:	
City and postcode:	
Country:	
Date:	Signature:
I authorize PerfectMeetings.hr to:	
<input type="checkbox"/> Use my above card ONLY as booking guarantee	
<input type="checkbox"/> Charge my above card for the amount of EUR _____ <i>(equivalent in local currency).</i>	
Conference Name:	From Solid State To Biophysics XII Dubrovnik, Croatia June 13 – 20, 2026.
Service:	
Please send this form by email <u>nina.dumancic@perfectmeetings.hr</u>	
Your data will be protected and completely safe! The invoice will be sent to the email address provided.	