

Max Rubner Conference

Direct Debit Mandate for the Registration Fee



Credit Card Holder (Last/First Name)	Conference Participant (if different)
Street, House No.	City, Postal Code
E-Mail	Phone

I hereby authorize the Max Rubner-Institut to charge the amount of _____ Euro to the following credit card:

VISA Mastercard

Credit Card No.	Expiration Date	Credit Card Verification Code (three digit, reverse side)
-----------------	-----------------	---

Date, Signature Credit Card Holder

Return by Fax: +49 (0)9221 803-244 (MRI Kulmbach)