



FAX-Message

German Phytomedical Society
Dr. Falko Feldmann
Managing Director
Messeweg 11-12
D-38104 Braunschweig

Fax: +49 (0)531 2993019

Mail Order Form for Credit Card Payment

Credit Card Holder's Name

Participant's Name (if different)

Address 1

Address 2

Postal Code; City

Country

Email

Card type (Visa, Mastercard etc.) :

Card Number:

CVV2 Code

Expiry Date :

 /

I authorize the payment of _____ Euro to be debited from the credit card indicated above.

Date:

Signature:.....

Cancellation Policy:

Payments less a processing fee of EUR 30 will be refunded provided a written cancellation is received by DPG before 15 April 2009. Please note that there will be no refund for cancellation after 15 April 2009.