Payment Registration Fee by Credit Card Form

For Payment by credit card please fill the details below:

Name of Participant: _____

Type of card: Visa / MasterCard / American Express / Discover / Diners

Card Number: _____

Exp. Date: ___ **/** ___   CVV: _____

Name on card: _____

I.D. Number of the card owner: _____

Amount to be paid (250 NIS or 80 NIS for students): _____

Email Address for sending the payment conformation:

_____

Please send the completed form by email or fax to:

Email: shshay@post.bgu.ac.il

Fax: 077-3180662

A receipt will be given on the conference