



15, Mesogion Ave., 11526 Athens  
Tel: +30-210-7499300,  
Fax: +30-210-7705752  
E-mail: [information@bionanotox.org](mailto:information@bionanotox.org)  
[www.triaenacongress.gr](http://www.triaenacongress.gr)  
[www.bionanotox.org](http://www.bionanotox.org)

**BIONANOTOX 2017**  
**AA/ 6011 /17**

Please be so Kind to Fill in this Form and Forward it to us by Fax (+30 210 7705752) or by Email to [information@bionanotox.org](mailto:information@bionanotox.org)

## **CREDIT CARD AUTHORIZATION FORM**

I authorize Triaena Tours and Congress to charge my

Visa  Mastercard  American Express

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3 last digits at the back of my card

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Expiry Date \_\_\_\_\_

the amount of EUR € \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

**THANK YOU FOR YOUR KIND COOPERATION**