

## Credit Card Payment Form

Registration fee is not refundable after June 1, 2008 in case of cancellation.  
Payment by credit card carries an additional charge of Five EUR (€5).

Registration # (office use only)	
Name	
First name	
Title	
Institution	
Department	
Street	
Zip Code, City and Country	
Phone	
Fax	
e-Mail	

### Payment of Registration Fee to the Berlin Meeting

by **VISA-Credit Card** or by **EUROCARD / MASTERCARD**

Card No

← (These are the sixteen digits on the front of your credit card) →

←→ (These are the three last digits on the back of the card)

Exp. Date:

/

Card Holder:

Amount:

\_\_\_\_\_ EURO

Signature:

\_\_\_\_\_

Return this form by mail to:

Meino Alexandra Gibson

**Neurwissenschaftliche Gesellschaft e.V.**

Max Delbrück Center for Molecular Medicine (MDC) Berlin-Buch

Cellular Neurosciences

Robert-Rössle-Str. 10

D-13092 Berlin

Germany