



PPXXIII HOUSTON, TX | September 27-29, 2027

www.ppxiii.com

CREDIT CARD FORM

PERSONAL DATA *(Please, print or type)*

Surname/family name:

First name:

E-mail:.....

Phone:.....

I authorize the Evacon Ltd. (XXIII. Plastic Pipes Local Secretariat) to charge the USD..... to my credit card listed below.

CREDIT CARD DATA

EuroCard/MasterCard AMEX Visa

Card number

Expiration date (mm/yy).....CVV code.....
(Last 3 or 4 digits of the security code on the back side of the card)

Cardholder's name

Cardholder's address.....

Billing address.....

Date

Cardholder's signature.....

Please, fill in this form, and send it to the **PPXXIII Local Secretariat** by e-mail to Evacon Ltd.
Phone: +36-30-513-0255, E-mail: peter@evacon.hu