

# CIFS – Consorzio Interuniversitario per la Fisica Spaziale

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After filling in, please send it by fax or e-mail to:

**G. Ardizzoia (CIFS)**

**Fax +39 011 6705883 – e-mail: [taup2015@to.infn.it](mailto:taup2015@to.infn.it)**

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## Personal Data

Family Name .....

Name .....

E-mail .....

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I authorise the CIFS to charge

**the amount of Euro** .....

to my credit card listed below.

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## Credit Card Data

Visa

MasterCard

Card No .....

Card Verification No (CVV)\* ..... Expiration date .....

Name on the card .....

Birth date of card holder .....

Date ..... Signature .....

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\* 3 digit security code from back of card.