



**srce**

University of Zagreb  
University Computing Centre

**ITI 2012**

June 25-28, 2012, Cavtat, Croatia

OIB 34016189309

## ORDER FORM (Please print clearly)

**Card Holder's Name**

\_\_\_\_\_  
**Card Holder's Address**

\_\_\_\_\_  
**Postcode**

**Town/City**

\_\_\_\_\_  
**Country**

\_\_\_\_\_  
**Amount (in EURO €)\***

**Card Type:** American Express

MasterCard

Visa

**Credit Card Number**

**Valid thru (Expiration Date)**

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**Issue Number\*\***

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**Date**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

**Please print out and fill this order form, sign it and fax it to ITI Accounting Office fax number: +385 1 616 55 56.**

\* The amount expressed in euro (€) will be converted into local currency (HRK) on the payment date.

I declare that I am familiar and I agree with this fact.

\*\* For American Express Card number above Credit Card Number, for MasterCard and Visa Card on the back of the card above signature last three numbers.