



9th CONGRESS OF AFRICA BLOOD TRANSFUSION
19-22 June 2018
ARUSHA-TANZANIA

Credit Card Authorization Form

CARDHOLDER INFORMATION

Full Name:(as appears in the card)_____

Billing Street Address:_____

Street Address (cont.):_____

City:_____ **State:**_____ **Postal Code:**_____

Country:_____ **Email** _____

Direct Telephone: (____)_____ - _____

I hereby confirm that I am the owner of the Credit Card and irrevocably authorize the **SHADES OF GREEN CONGRESSES LTD** (Secretariat of the Congress) to charge my credit card for services ordered for my participation at the 9th Congress of Africa Blood Transfusion with the amount of: US\$_____, Plus 3% handling fees. I fully accept and understand that that in case of my cancellation or no show the applicable penalties will be withhold from this payment,.

The ordered Services cover: **Hotel accommodation** **Transfers** **Tours**

(Please tick what is applicable)

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa *(Only these cards are accepted)*

Number:_____

Expiration Month:_____ Expiration Year:_____ Security Code:_____

Cardholder Signature X_____ Date____/____/____

This authorization must be faxed to the number [+255 27 2050083](tel:+255272050083) or emailed to afsb2018@shadesofgreencongresses.com together with a scanned copy of your credit card (both sides) and copy of your Personal Identification (ID, residence card/passport/ including signature)

Shades of Green Congresses certifies that this information will be used for the payment of the due amounts only and will be kept strictly confidential