

CREDIT CARD AUTHORIZATION FORM

1. Please print the entire form and sign with the credit card holder's signature on the line indicated.

2. Fax at + 386 1 5141 380 or scan and email at authorization@europrotocol.com the completed form to conclude your payment.

I, Mr/Ms _____, the holder of the following credit card

(check card type, please):



Visa _____



MasterCard _____

Card Number: _____ Expiration Date ____/____

with a "Card Verification Value 2 (CVV2)



a three digit security code |_|_|_| on the back of the card, near your signature.

hereby authorize **THE SCHOOL OF PROTOCOL LTD** to charge my credit card in the amount of:

€ _____ EUR

for the payment of _____.

Cardholder: _____

Signature: _____

Company/Organization : _____

Address: _____

Where you receive your credit card statement

City, Country, Zip: _____

Telephone (including country code): _____

Date: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by THE SCHOOL OF PROTOCOL LTD

**Fax or scan and email this completed form to THE SCHOOL OF PROTOCOL LTD.
Direct Fax: + 386 1 5141 380 Email: authorization@europrotocol.com**

Attention: Credit Cards issued in the following countries have been excluded from non-personal money transfer by the respective credit card companies: Indonesia, Philippines, Cote d`Ivoire, Nigeria, Ghana, Egypt and Kasachstan. We apologize for the inconvenience caused to the participants from these countries. They may pay by direct bank transfer.

Mailing address:

International Office:

EUROPROTOCOL® THE SCHOOL OF PROTOCOL LTD, Celovska 122, SI-1000 Ljubljana, SLOVENIA, EU
tel: + 386 1 5057 187, fax: + 386 1 51 41 380, email: info@europrotocol.com

UK Office (for UK only):

EUROPROTOCOL® THE SCHOOL OF PROTOCOL LTD, 2nd Floor LPL, 145-157 St. John Street, London, EC1V 4PY, UK,
tel: 0845-226-4405, fax: 0845-226-4589, email: infoUK@europrotocol.com