



DEBIT AUTHORIZATION

I hereby authorize the charges of the total amount below in my VISA credit card, as payment of the Registration Fees for the participation of
....., Paper Number:
in the IREP Symposium 2010.

Card #:..... Exp. Date:.....

Security Code # (3 or 4 digits on back of the card)

CARD HOLDER'S NAME:
(Print letters)

Total Amount (*in Brazilian Reais*): BRL.....
.....)
(Please write in full)

I declare to be fully responsible for the above expenses which shall be dully paid by my credit card on the amount specified above.

Signature: Date:

Notes:

This form must be scanned and sent by e-mail to: arminda@coep.ufrj.br

You must also send to arminda@coep.ufrj.br the registration form concerned to this payment.