



### PAYMENT FORM COVER SHEET

To: AYUSA International

Date: \_\_\_\_\_

Name of Participant \_\_\_\_\_

Participant number  
(for AYUSA use)

\_\_\_\_\_

Invoice number  
(for AYUSA use)

\_\_\_\_\_

Total Amount :	75,00 €
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**Payment Method:**

Check (U.S. bank checks only)

Please charge the non-refundable application fee to my credit card:

**CREDIT CARD**

Credit card number:

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Security Code (3 digits; typically on the back of the card)

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Credit card type:

.....	▼
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Expiration date:

02-April	▼	.....	▼
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Name of Credit card holder:

\_\_\_\_\_

Date

Signature of Credit Card Holder