



Credit Card Payment Form

(This form contains interactive fields. You may directly write into the interactive fields with Adobe Acrobat.)

CONTACT INFORMATION

Prof./Dr./Mr./Mrs./Ms.		First (or Given) Name	
Last or Family Name			
Organization/Affiliation			
Street Address			
City		State/Province	
Country		Zip/Post Code	
Telephone		Cell Phone	
Fax		E-mail	

CREDIT CARD INFORMATION

Card Type:	Visa	Mastercard	Eurocard
Issuer of the Credit Card: (Name of the bank, company, institution, etc. Also, indicate the special type of the card, if any, such as Maximum, Bonus, Access, etc.)			
Credit Card Number:			
Expiration Date:	□ / □ (mm/yyyy)		
Security Code:		The last 3 digits printed on the back of the card.	

Amount to be charged:		Currency: (Euro, USD, YTL)	
Please write the amount to be charged in letters to avoid any mistakes.			

I hereby agree to pay the amount indicated above in the currency indicated above to "Ömür Turizm İşletmeleri San. ve Tic. A.Ş."

Name:

Signature:

Date:

Please fax or e-mail the completed form to the attention of Ms. Nilay Erarslan (BiLCEM).

Ms. Nilay Erarslan

BiLCEM

e-mail: nilay@ee.bilkent.edu.tr

fax: +90 312 290 5755

phone: +90 312 290 2794