



## The World Of Health IT / VIENNA, 22-25 October 2007

### Exhibitor Credit Card Authorization Form

Please fill in the form below and send it back to [registration@worldofhealthit.org](mailto:registration@worldofhealthit.org)  
or fax it to 0032 (0)2 743 1584. PLEASE PRINT CLEARLY

<b>CONTACT NAME</b>			
<b>COMPANY NAME</b>			
<b>USERNAME</b>	<b>PASSWORD</b>		
<b>NAME OF CARD HOLDER</b>			
<b>CARD TYPE (Select one)</b>	<b>VISA</b> <input type="checkbox"/>	<b>MASTERCARD</b> <input type="checkbox"/>	<b>AMEX</b> <input type="checkbox"/>
<b>CARD NUMBER</b>			
<b>EXPIRY DATE</b>			
<b>TOTAL AMOUNT DUE IN EURO</b>			

I hereby authorize MCI Benelux SA to charge my credit card for costs related to the World of Health IT Conference.

\_\_\_\_\_  
**SIGNATURE OF CARD HOLDER**

\_\_\_\_\_  
**DATE**

*A supporting invoice will be forwarded to you following the successful charge to the credit card.*

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