

# ISPID Credit Card Charge Form

International Society for the Study and  
Prevention of Infant Death (ISPID) e.V.  
c/o Dr. Martin Schlaud  
Robert Koch Institute  
FG 23  
Seestr. 10  
13353 Berlin, Germany



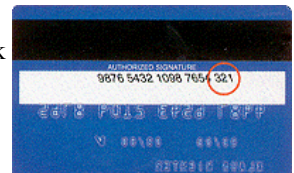
Telefax number: (+49) 3018 / 10-754-3437 or (+49) 30 / 4547-3555

Recipient of Payment	ISPID Member / Applicant <i>(please print or type)</i>
International Society for the Study and Prevention of Infant Death (ISPID) e.V. c/o Dr. Martin Schlaud Robert Koch-Institut FG 23 Seestr. 10 13353 Berlin, Germany	Name: ..... Address: ..... ..... .....

**Please charge the annual ISPID membership dues to my credit card:**

Card type:            VISA <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card holder name: .....
Card number: .....
Card expiration date: ..... / .....    Card verification code*: .....

\*) The rightmost block of 3 numbers printed on the back side of your credit card. →



.....  
Date

.....  
Authorising signature

**For reasons of data security: Do not send any credit card information by e-mail!**