



São Paulo - Brazil  
June 06 - 09, 2010



Specialist Group  
Efficient Operation  
and Management  
Water Loss Task Force

### CREDIT CARD FORM

Participant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail : \_\_\_\_\_

CREDIT CARDS AVAILABLE: ( ) VISA ( ) MASTERCARD ( ) AMEX

Name printed on the card: \_\_\_\_\_

Number of the card \_\_\_\_\_

Expiration date (mm / yy) \_\_\_\_\_

Security Code: \_\_\_\_\_

Registration Fee: R\$ \_\_\_\_\_

#### Consent Term:

I, \_\_\_\_\_, agree that ABES will charge the amount above, in my credit card, as payment of my registration at IWA WATER LOSS 2010, to be held from June 06 - 09, 2010 in Sao Paulo - Brazil.

*\* We kindly ask you to fill in this form, sign and send it through the fax: +55 (11) 3871-3626 or by e-mail [waterloss2010@acquacon.com.br](mailto:waterloss2010@acquacon.com.br). As soon as the charge has been made, the Executive Secretariat will send a confirmation along with the receipt to your e-mail.*

*\*\* The charge will only be made if the participant is already registered at the Conference website: [www.waterloss2010.com](http://www.waterloss2010.com)*