

# Order Form



Title/Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

# Order

No. of copies	Title of Publication	Can\$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Postage (to be filled out by ITS Transnational)  
Total amount

\* All prices of proceedings are excl. shipping costs.  
These costs are depending on destination, weight etc. and will be calculated by ITS Transnational.  
You will receive a confirmation of these costs with the receipt of payment.

# Payment

I herewith authorize ITS Transnational to deduct a single payment from the following bank account  
 Visacard     Eurocard/Mastercard     American Express     Diners Club  
Name of Card Holder: \_\_\_\_\_  
Address of Card Holder: \_\_\_\_\_  
Card-No: \_\_\_\_\_      Expiration date: \_\_\_\_\_

- Payment must be made prior to delivery
- The Amount will be deducted in Euro's by ITS Transnational B.V., for operational reasons. No mark-up will be added.

# Sending

Please send or fax your order to:  
ITS Transnational, P.O. Box 1091, 3360 BB, The Netherlands  
Fax: +31 184 421065

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