



Author publication charge – Credit card payment

If you wish to pay by credit card (MasterCard or Visa only), please complete this form, print and sign it, and return it by postal mail or fax to:

European Respiratory Society, 442 Glossop Road, Sheffield, S10 2PX, United Kingdom

Fax: +44 (0) 114 266 5064

Please do **not** return this form by e-mail.

Manuscript details

Author names: _____

Manuscript title: _____

Manuscript number: _____

Card details

Cardholder name: _____

Card number:

Start date: _____

Expiry date: _____ CVC code (3 digits on the back of your card):

Issue no. (debit card only)

Signature: _____

If you have any queries about this form, please contact info@ersj.org.uk