

Method of EBCP Fee Payment
(all payments are to be made in Euro €)

À Visa À Mastercard/Eurocard

Credit Card No. _____ (must have 16 digits)

Name as printed on Credit Card : _____
(Print clearly!)

Expiration Date: _____ (must be currently valid)

Total amount to be charged: €160

Signature: _____ Date: _____

All creditcard information contained in this form will be kept confidential to the European Board of Cardiovascular Perfusion and destroyed after payment has been received.

Bank transfer information:

European Board of Cardiovascular Perfusion

Bank: NatWest Bank
Tower Bridge Branch

PO Box 9765

201 Tooley Street

London SE1 2ZH

UNITED KINGDOM

IBAN: GB25 NWBK 6072 1459 009764

BIC-Code or Swift address: BIC: NWBK GB 2L

Sort Code : 60-72-14

Euro Account number: 550/00/59009764

Bank transfer charges are to be paid in full by the initiator of the transfer.
Please include a copy of your bank transfer with your application