

Method of EBCP Fee Payment

(all payments are to be made in Euro €)

Visa 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: Lloyds TSB

Bank address: Clarence Street Kingston upon Thames Branch

Surrey, KT1 1RE

UNITED KINGDOM

IBAN: GB74 LOYD 3094 7786 0340 24

BIC: LOYDGB21057

Sort Code 30-94-77

Account number 86034024

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.