

## Payment Form

Course Name:

Dates:

### 1. PAYMENT BY BANK TRANSFER

Below are the needed data:

- ▶ Account Holder: Ce.U.B. soc. cons. a r. l. , Via Frangipane 6, 47032 Bertinoro /FC) Italy
- ▶ Bank Name: Banca Popolare dell'Emilia Romagna
- ▶ Branch Adress: Filiale di Bertinoro, Via Roma 10, 47032 Bertinoro (FC), Italy
- ▶ IBAN Code: IT 19 N 05387 67721 000001052782
- ▶ BIC SWIFT Code (needed **for outside Europe payments**): BPMOIT22XXX

▶ **PLEASE INDICATE YOUR NAME AND THE NAME OF THE COURSE YOU WILL ATTEND IN THE BANK TRANSFER SO THAT WE CAN MATCH YOU AND YOUR PAYMENT**

**Billing Adress** (please fill in the following **form only if you specifically need an invoice** rather than a normal receipt):

- ▶ Institution:
- ▶ Adress:
- ▶ City:
- ▶ Country:
- ▶ CF/PI (**for within Italy only**):

## 2. PAYMENT BY CREDIT CARD

Please fill in the following form, **sign it and fax it or email it ( BOTH 2 PAGES WILL BE NEEDED EVEN IF ONE IS BLANK )** to:

**Alice Martha Molin**

**CRU Bertinoro**

**0039-0543-446557**

[amolin@ceub.it](mailto:amolin@ceub.it)

### Personal data

- ▶ First Name:
- ▶ Last Name:
- ▶ Telephone:
- ▶ Email:

### Credit Card Data:

- ▶ Card number:
- ▶ Expiration Date:
- ▶ The Card I am using is headed to:
- ▶ I hereby authorize you to charge the credit card referenced above for the amount of  
€\_\_\_\_\_

Signature\_\_\_\_\_

**Billing Address** (please fill in the following **form only if you specifically need an invoice** rather than a normal receipt):

- ▶ Institution:
- ▶ Adress:
- ▶ City:
- ▶ Country:
- ▶ CF/PI (**for within Italy only**):