
PAYMENT OF THE FEE

Credit Card

Charge my: VISA Mastercard/Eurocard American Express

Card N° _____ CVV2 _____ Expiration Date _____

Cardholder's Name and Address: _____

Phone _____ Date _____

Signature _____

International Postal Money Order or Eurocheque

addressed to “Associazione Italiana di Scienza e Tecnologia delle Macromolecole”

Banker's Draft with reference to EPF 5th SUMMER SCHOOL drawn on the following bank account:

Account name: Associazione Italiana di Scienza e Tecnologia delle Macromolecole

Bank: Banco di Napoli

Branch: Napoli AG 1

Address of branch: Piazza Bovio, Palazzo Borsa, 80138 Napoli

Account number: 100000005184

ABI 01010

CAB 03401

IBAN IT14 G010 1003 4011 0000 0005 184

BIC code: IBSPITNA

Signature _____ Date _____