

SFI / CYBIUM
BANK CARD PAYMENT FORM

Please fill in this questionnaire and return it to:

SOCIETE FRANÇAISE D'ICHTHYOLOGIE - CYBIUM

Email to valerie.gaudant@upmc.fr

Reference (or description) of the purchase:

.....

Name (if different from the card):

Payment:

Name on Visa Card/Mastercard:

Card number

Expiry date:

Amount (in Euros): € **(add 5% to the amount for tax)**

Date:

Signature (of the card holder):

Do you want an invoice:

Yes

No