

PAYMENT FORM

Fill and send to gmpisa2021@fsm.unipi.it

Title First Name Last Name

Mailing address

Phone email (as from registration)

Invoice details*

**if different from the above*

Amount to be payed ☐ € 960 ☐ € 860 ☐ € 390 ☐ Scholarship*

**If you are a clinician working in Tuscany you may qualify for a scholarship. For info write to:
pisasmilelab@gmail.com*

Payment modality

☐ **Bank transfer**
to Credit Agricole Cariparma
IBAN IT 48 M 06230 14002 000043210227
SWIFT CRPPIT2P207
In favour of Stella Maris, all charges are paid by ordering customers.
Please specify: First Name, Surname, GMs Course 2021

☐ **Credit Card**

☐ VISA ☐ MASTERCARD

Card holder name

Card number

Expiry date / /

Card hold signature

