



**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Credentials submission fee 2011:** 40 euro

Additional payments (please indicate): \_\_\_\_\_

Payments can be made by credit card or bank transfer. Cheques or cash are not accepted. If you would prefer to pay by **bank transfer**, please, contact the Treasurer (details below) for further information.

Please indicate the method of payment:

**credit card**

Card holder name: \_\_\_\_\_ VISA/MASTERCARD/JBC

Credit Card number:

Validation number or security number (last three numbers on the back of the card - without this the transaction cannot be performed):

     Expiry date: Month        Year

**bank transfer**

Bank transfer made on date \_\_\_\_\_

Please ask your bank to use the name of the ESVN-ECVN member to which the payment relates as the reference number so that the payment can be identified.

You are responsible for all bank charges.

Complete this form and send it to the ECVN treasurer by fax, e-mail or ordinary mail.

**Veronika Stein**  
Klinik fuer Kleintiere  
University of Veterinary Medicine Hannover  
Buenteweg 9  
D-30559, Hannover, Germany

[treasurer@ecvn.org](mailto:treasurer@ecvn.org)