



2025 Examination Fee

Name:				Date:		
Email address: Mobile phone:	ease note, a valid e-mail add	dress and a pho	ne number are mar	ndatory in orde	r to obtain a secret code.	
Address:				,		
Please specify your	chosen examination	location:	Bologna (Italy)	Nottingham (UK)	
2025 Exan	andidate, 1	st time sitting e	exam):	500 €		
2025 Repeat Examination fee (3 or more			parts failed):		500 €	
2025 Part Repeat Examination fe			2 parts failed)	:	500 €	
Terms and Conditions: By submitting this form and payment, you notify the ECVN about your intention to sit the Examination in 2024. The deadline to notify the ECVN about your intention to sit the Diploma Examination in 2025 is 1st December 2024. Late payment (after 15th November) will incur a fee increase of 100 Euro. Cancelation Policy: Should you decide to withdraw from the examination, please notify the Chair of the Examination Committee examcom@ecvn.org as soon as possible. Should you withdraw from the examination prior to 1st December 2024 you will receive a refund of the Examination Fee paid minus an 80 Euro administration fee. If you withdraw from the Examination on or after 1st December 2024, the Examination Fee will not be refunded. Should you fail to notify ECVN of your intention to withdraw from the Examination and are a no-show, the Examination Fee will not be refunded. CREDIT CARD						
Credit card provider		VISA	MA	ASTERCARD		
Card holder name						
Credit card number						
Validation or security number (last 3 digits on the back of the card – without these numbers the transaction will not be possible)						
Card expiry date		MONTH	YEA	R		
Please note that cre with the bank state	dit card details will be ment	destroyed w	then the transac	ction is comp	olete and reconciled	
BANK TRAN	ISFER					
Bank: Address: Account Name:	Commerzbank Hannover, Germany Theaterstrasse 11-12, 30159 Hannover, Germany Europ. Kolleg. f. Veterinaerneurologie / ECVN					
SWIFT Code: IBAN Number:	COBADEFF 250 DE34 2504 0066 0303 3800 00					
Bank transfer made				CVN or ESVI	N) as a reference	

on the bank transfer. If bank charges apply they will be debited to the payer's account.

Please email the completed form to the treasurer (treasurer@ecvn.org) once the payment has

been made. You will receive a receipt by email to confirm your payment.

By submitting this form you accept our <u>Terms and Conditions</u> including our <u>Privacy Policy</u>.