**Payment form**

To be returned by mail, fax or e-mail to: **Ms. Béatrice BERNARD**

IOA-EA3G Secretariat - 7 rue Marcel Doré - Bât. B16 - 86000 POITIERS – France

Fax. 33(0)5 49 454 060 - Phone: 33(0)5 49 454 454 - E-mail:**ioa@esip.univ-poitiers.fr**

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| --- | --- |
| **NAME:**  **COMPANY:**  **COUNTRY:**  **E-mail:**   | **INVOICE No. 17-SHA-** **TOTAL AMOUNT:**  **€** |

🞎 **Card accounts** please fill in the details below: 🞎 Visa 🞎 MasterCard

Card Number: Expiry Date (month/year): /

Card Security Code: *(last 3-digits code on the back of your card, usually in the signature field)*

Cardholder’s name:

Cardholder’s address:

Cardholder’s signature: Date: / / 2017 (day/month/year)

🞎 **Bank cheque** **in €** to the order of IOA-EA3G

🞎 **Credit transfer** **in €** to: Bank: SociEtE GEnErale – Paris Madeleine

 11 Bld Malesherbes - 75008 PARIS (France)

 Swift address / BIC code: SOGEFRPP

 IBAN: FR76 3000 3030 3000 0504 0318 648