

SUMMARY OF PAYMENT

Registration Fee	Euro_____
Hotel Deposit	Euro_____
Agency fee	Euro 10

TOTAL AMOUNT	Euro_____

WAY OF PAYMENT

CREDIT CARD

VISA MASTERCARD/EUROCARD AMERICAN EXPRESS

Card Number_____

Expiry Date_____

Cardholder's name_____

Cardholder's signature_____

BANK TRANSFER

on the account number 1364.90 headed to Consulta Umbria by Monte dei Paschi di Siena bank – Agency N° 47 – Via Baglioni, 4 – 06121 Perugia, Italy.
ABI 1030.6 – CAB 03004.9
Copy or the bank receipt here attached.

POSTAL OR BANK CHEQUE issued to Consulta Umbria.