



First Name: _____

Last Name: _____

NURSE FELLOWSHIP 2015 RENEWAL FORM

I wish to pay my Nurse Fellowship Fee 2015 for an amount of 200 euros by:

Cheque: Cheque should be made payable in Euros to the European Society of Cardiology (and sent to the address below).

Bank Transfer : BPCA Banque Populaire de la Côte d'Azur Nice – France

Bank Code: 15607
Branch Code: 00065
Account N°: 37 019 04225 1 – 60
Swift: CCBP FRPP NCE
IBAN: FR76 1560 7000 6537 0190 4225 160

Important: Your payment will not be recognised unless you give your name on the transfer

Credit card: Eurocard MasterCard Visa American Express

Card Verification Code (CVC):

(3 digits for Visa/Euro/Master on the back of the card and 4 digits for Amex)

Expiry Date

M M Y Y

Signature: _____

(the card Holder signature is mandatory)

JOURNAL CHOICE FOR 2015

I wish to receive in 2015:

European Heart Journal
European Heart Journal Web

European Journal of Cardiovascular Nursing
European Journal of Cardiovascular Nursing Web

PLEASE RETURN THIS COMPLETED FORM WITH YOUR REMITTANCE TO THE BELOW-MENTIONED ADDRESS OR AT THE FOLLOWING FAX NUMBER:
+33 4 92 94 86 69

To reduce the burden of cardiovascular disease in Europe