



Donation form

First name _____ Last name _____

Affiliation _____

Street address _____

City _____ State _____

Zip code _____ Country _____

Telephone _____ Fax _____

Euro _____

Payment can be made by:

Δ Bank transfer to AU CNS,
IBAN: IT28Z0103070222000063142960 Swift Code: PASCITM1Y30

- Δ Credit Card
 - Δ CartaSi
 - Δ Master Card
 - Δ Eurocard
 - Δ VISA

Card No. _____

Expiry Date _____ CVV _____

Date _____

Signature _____

Please, send it to:

EUROPAD c/o AU-CNS Via XX Settembre, 83 - 55045 Pietrasanta, LU - Italy

by fax to +39 0584 72081 or e-mail to info@aucns.org