

AGREEMENT

To Flap Tour

Ankara

Turkey

I, the undersigned, do hereby authorize Flap Tour to debit the below mentioned amount from my Credit Card in order to renew European Society for Paediatric Nephrology (ESPN) membership for the details stated below, I agree to make yearly payments of _____ EURO for ___ years.

*** Credit cards will be charged each year on January.**

ESPN&IPNA COMB.MS. 2018	Fee
ESPN M.S.	€ 50,00
ESPN&IPNA COMB.MS. (online journal)	€ 100,00
ESPN&IPNA COMB.MS. (online&print journal)	€ 150,00
ESPN M.S. (developing countries)	€ 20,00
ESPN&IPNA COMB.MS. (online journal)+(developing countries)	€ 70,00
ESPN&IPNA COMB.MS. (online&print journal)+(developing countries)	€ 120,00

**** Members will be informed before collection if there is a change membership fee.**

Signature

Date : ___ / ___ / _____

Name : _____

Address and Phone : _____

e-mail : _____

Fax : _____

Credit Card :

Mastercard

Visa

Credit Card Number : _____ - _____ - _____ - _____

Expiration Date : ___ / ___

CVV / CVC : ___

Signature :