

PAYMENT OF THE FULL AMOUNT

By credit card

SURNAME: _____

First name: _____

Course starting date (dd/mm/yyyy): _____

- VISA
- EUROCARD
- MASTERCARD

Card number: _____

Name of card holder: _____

Expiration date: _____

The last 3 numbers written on the back of the card: _____

Sum to be debited: _____

Signature (handwritten):

Or by Wire Transfer

IMPORTANT

Thank you to send us a transfer confirmation indicating the name of the participant.
Please note that any bank fees are your responsibility and must be settled by you.

Bank name BPO Banque Populaire de l'Ouest 8 rue Saint-Saëns 29200 Brest 08.99.70.32.38		Account owner : CCI Metropolitaine Bretagne Ouest Place du 19ème RI CS 63825 – 29238 Brest Cedex 2		
National Bank Account Number-RIB				
Code banque	Code guichet	Numéro de compte	Clé RIB	Domiciliation
13807	00561	09319488054	65	BPO BREST CENTRE
IBAN FR76 1380 7005 6109 3194 8805 465		BIC CCBPFRRPPNAN		

Please send back this document once completed to: info@ciel.fr