ORDER FORM

Last Name: ……
First/Middle name: ……
Address: ……
……
……
E-mail: …….....
Telephone: …….
Establishment: …….....

UB : 903 CR 26 Dest COM
Colloque LIFL-ISPDC 2005 (Paloma)

MODE OF PAYMENT:

Please accept payment in the amount of …… euros

☐ Per enclosed bank money order/bank certified check payable to "Mr. l'Agent comptable de Lille1"

☐ Per direct bank transfer to the account of "Mr. Agent comptable de Lille1 Trésor Public n° 10071/59000/00001003892-66". If possible, please provide transfer confirmation number: …….

☐ Per bank card/credit card/debit card:
I authorize "Mr. l'Agent comptable de Lille1" to collect the sum of ..... euros
on my credit card: ☐ Visa ☐ Eurocard/Mastercard ☐Other (specify) : ……
Card n° ……
Security number (three digits in back of the card): ……
Expiration date (<day>/month/year): ……

Date : …….. Signature :

Return this form to:

By regular mail: Mr. Agent comptable de l'Université de Lille1
Bât. A3 - Cité scientifique
F-59655 Villeneuve d' Ascq Cédex

Or by fax: +33 (0)3 20 43 43 34