

# EUROPEAN ASSOCIATION OF ORAL MEDICINE

## Diploma in Oral Medicine

### Payment Form

To be sent to the Dr. M. Escudier

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Method of payment of the application fee of £ 50 (English pounds) or the equivalent in Euros, non refundable, and an additional examination fee of £ 250 (English pounds) or the equivalent in Euros, if applicable.

You may pay your dues in Pounds by either:

1. Cheque
2. Credit Card

1. Cheque made out to **European Association of Oral Medicine**. Please send to the **Treasurer** at address above.

2. Credit Card No:              
(Visa/MasterCard/other)

Expiry date (m/y):          Amount £

Amount €

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(To be collected by ..... on behalf of EAOM)