W.I.N. Fund - Donor registration

Your Details:

Title (ex Mr/Ms) _____ First name _____ Last name _____

Nationality_____ (Indicate primary country of nationality) Age _____

Job Title _____ Job category _____

Company Name _____ Industry _____

Preferred mailing address (check): ___ Work ___ Home

Address _____

City _____ Postal Code _____

State/Province _____ Country _____

Email _____

Phone _____ (incl. country code) Fax _____ (incl. country code)

☐ I **DO NOT** want to be listed with my name or company name as 2008 donor (in W.I.N. 2008 global forum programme)

Your Payment Details -*(Note: WIN prefers direct Bank Transfers to Visa card payments)*

☐ **Bank Transfer**

Bank	Credit Suisse - Lausanne	Account Name	WIN
	Rue Pichard 22	Account Number	0425-867404-42
	1002 Lausanne	Swift Code	CRES CHZZ 10A
	Switzerland	Bank Clearing	4425
IBAN	CH05 0442 5086 7404 4200 0	Bank charges to be assumed by registrant. All payments in €uro.	

☐ Credit Card* (charge euro 25)

Card type: ☐ Visa ☐ MasterCard ☐ EuroCard

Cardholder's name
(as it appears on card)_____

Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiration Date (mm/yy): __ __ / __ __

CVV code
(last 3 digits from back of your card) _____

Credit Card Billing Address (if different than above)

Address:_____

Address:_____

City, State_____

Postal Code_____

Country_____

(cards for certain countries cannot be processed)

PAYMENT
Grand Total **EUR**
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Authorization to process credit card information and for data use:
I hereby authorize W.I.N. to use this information exclusively for the purpose of W.I.N. Fund donor fees. Data is collected and used in accordance with the EU Privacy Directive.

Terms and conditions:
All fees paid during the year 2008 goes to the W.I.N. 2008 scholarship recipients. Should you wish to give for more than one year, please inform the W.I.N. office. The recipients are chosen by the W.I.N. team.

Listings: I want to be profiled as a donor with the following name**: (e.g. company/private name) -**
_____

Signature _____ **Date** _____ _____ **2008**

Please return this form by email, mail or fax to:
W.I.N. Fund - CBC-L, Rue du Simplon 37, 1006 Lausanne, Switzerland or fax: +41 (0)21 612 0351
We will confirm your registration category and details by email.