

ENROLMENT FORM

Expert Certificate in Clinical Audiology

Name and Surname:
Passport number:
Full Postal Address:
Email:
Phone number:
University Degree (and year of completion):
<p>Please send this form to info@saera.eu together with the following documents:</p> <ul style="list-style-type: none"> ○ Passport (or equivalent) photocopy or scanned image ○ Curriculum Vitae ○ University Degree Diploma Photocopy ○ Passport size photograph

PAYMENT OPTIONS

<input type="checkbox"/> Financing options	<p>Students can choose between these two financing options:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 monthly instalments <input type="checkbox"/> 3 monthly instalments
<input type="checkbox"/> SAERA SHOP	<p>You can make the payment through our virtual shop using your credit card. You just need to register in SAERA SHOP and purchase the course.</p> <p>>> Go to shop and purchase the course</p>
<input type="checkbox"/> Bank transfer	<p>The student should make a payment to the following bank account:</p> <p>Bank account: ES37 0049 1078 1626 1062 1943</p> <p>Bank: Banco Santander</p> <p>SWIFT/BIC Code: BSCHEMM</p> <p>Account holder: School of Advanced Education, Research and Accreditation, S.L.</p> <p>Reference: "Course Name– Name and Surname"</p>