

CREDIT CARD PAYEMENT

Student Information

First Name _____ Last Name _____
Address _____
City _____ Postal Code/Zip _____
State _____ Country _____
Home Phone _____ Mobile Phone _____
Fax _____ Email _____

Payment

Inscription fee non-refundable of CHF 250.-

Please charge my:

Visa Mastercard American Express for CHF _____

Account No _____ Expiration Date _____

Cardholder's Name _____

Security Code _____ (whole number at the back of the credit card)

Date & Signature

Please email your completed and signed form to onlineapp@glion.edu for processing.

General enquiries to: Glion Institute of Higher Education
International Enrollment Department - Rue du Lac 118 - 1815 Clarens - Switzerland
Phone +41 (0)21 989 26 77 - Fax +41 (0)26 919 78 79 - E-mail : onlineapp@glion.edu - Website : www.glion.edu

Registered office: GIHE Sàrl – CH-1630 Bulle