

EUROPEAN SOCIETY OF HEAD AND NECK RADIOLOGY

ESHNR 2012 MEMBERSHIP

PAYMENT/APPLICATION FORM



We kindly ask you to complete the requested data below and return the document to the ESHNR Office either via email (office@eshnr.eu) or fax (+43 1 533 40 64 445).

MEMBERSHIP

Active Member: Radiologists engaged in practice or teaching within Europe or with any European nationality, who have a special competence in head and neck radiology and related research areas.

Corresponding Member: Radiologists engaged in practice, teaching or research and with a special competence in head and neck radiology and related research areas, residing outside Europe or with a non-European nationality.

Junior Member: Residents can become junior members while training for specialisation in general radiology and/or training for sub-specialisation in head and neck radiology. Membership categorized as Junior Member is limited to residents (young radiologists still in training) until the age of 35 (incl. the age of 35) within Europe or with any European nationality. Residents have to send, fax or email a letter written on official hospital letter paper and signed by the head of department, confirming their status as such within 5 working days after membership application. In case this confirmation is not received the membership fee will automatically be adjusted to the fee of an Active Member.

Corresponding Junior Member: Residents can become junior members while training for specialisation in general radiology and/or training for sub-specialisation in head and neck radiology. Membership categorized as Corresponding Junior Member is limited to residents (young radiologists still in training) until the age of 35 (incl. the age of 35) outside Europe or with a non-European nationality. Residents have to send, fax or email a letter written on official hospital letter paper and signed by the head of department, confirming their status as such within 5 working days after membership application. In case this confirmation is not received the membership fee will automatically be adjusted to the fee of a Corresponding Member.

Associate Member: Associate Members intended as recognition of an exceptional and special interest in head and neck radiology and related non-medical professions, including radiographers, nurses and individual members of industry.

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PERSONAL DETAILS

Gender: female male

Title*: _____ Profession: _____

First name*: _____ Last name*: _____

Date of birth*: _____ (dd/mm/yyyy)

Address (for all correspondence):

Hospital/Department: _____

Street*: _____

Zip/City*: _____ Country*: _____

Phone*: _____ Fax: _____

Email*: _____

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PAYMENT

Active/Corresponding/Associate Members **60,00 Euro** (payment received before March 1, 2012)
75,00 Euro (payment after March 1, 2012)

Junior/Corresponding Junior Members **30,00 Euro** (payment received before March 1, 2012)
38,00 Euro (payment after March 1, 2012)

a) by credit card

I herewith authorise ESHNR to charge my credit card with the above mentioned membership fee.

Credit card type Master/Eurocard Visa

Card holder's name*: _____

Credit card number*: _____

Expiry date*: _____

Signature of cardholder*: _____

* required information

b) by bank transfer

I have paid/will pay the above indicated amount by bank transfer, free of charge for the beneficiary (copy enclosed), to:

Account holder: **ESHNR – European Society of Head and Neck Radiology**
Bank code: **20111**
Account number: **29738389000**
IBAN: **AT422011129738389000**
BIC/SWIFT: **GIBAATWWXXX**

Please do not forget to indicate your full name on bank transfer documents for identification purposes.

Please note that members are responsible for any bank charges that may be incurred.

Date: _____

Signature: _____