**ESPN Membership Fee Form**

|  |  |
| --- | --- |
| Family Name: |       |
| First Name: |       |
| Hospital/Institute: |       |
| Postal address: |       |
| Postal code: |       | City: |       | Country: |       |
| Telephone: |       |  Fax: |       |
| E-mail: |       |

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| --- |
| **Membership Fees** |
| Active | [ ]  65 € | Associate | [ ]  65 € |
| Affiliate | [ ]  30 € | Candidate | [ ]  30 € |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Method of payment** [ ]  **Bank transfer** (please enclose copy of the bank transfer) to the order of: Bank Name: ALPHA BANKAccount Number: 103-002320-000855Swift Code: CRBAGRAAXXXIBAN Number: GR29 0140 1030 1030 0232 0000 855Account Holder: Erasmus S.A.[ ]  **Credit card** (please print or type)

|  |
| --- |
| [ ]  Mastercard [ ] VISA [ ] Maestro [ ] AMEX  |
| Credit card number |       |
| Expiration date |       |
| Print name as it appears on credit card |       |
| I.D. No (3 digit code behind card, 4 digit at front for AMEX) |       |

Place and date      Signature      **Please mail/send this form by fax to the following address:****ESPN Administrative Secretariat*****Erasmus Conferences & Events S.A.*** *Attn. Ms. Marietta Boursinou or Ms. Margarita Katsiavou*6, Drosini Street, 166 73 Athens, GreeceT: + 30 210 7414 700 | F: + 30 210 72 57 532 | E: secretariat@espnsociety.org |

**VISIT THE ESPN WEBSITE AT** [**www.espneurosurgery.org**](http://www.espneurosurgery.org)