

European Association for NeuroOncology



EANO

Membership-Application Form

Name:
Date of Birth:

Prenome:
Country:

Institution (Address):

Street:

Zip - City:
Phone: Fax:
Special interests:

Speciality:
E-mail:

Private Address
Street:
Zip - City:

I give my consent, that my professional data is stored in an electronic database and may be used for non-commercial only scientific circulation lists.

In addition I agree, that in a public EANO-membership list may be published: (please mark)

- Name and title
 - + Institutional address
 - + Fax and phone
 - + Email address
 - + Link to my homepage _____
 - + I want to get access to the Intern Web-Pages of EANO.
- Please register my password _____

Date

Signature

Return this form to:

Eano / Vite
P.O. Box 219
5170 AE Kaatsheuvel
The Netherlands
Tel. + 31 416 54 00 37
Fax. + 31 416 54 00 38



EANO MEMBERSHIP FEE

Name: _____

Membership number: _____

CREDIT CARD FORM

Please charge Euro () to my

- VISA*
- Mastercard /Eurocard being;

my EANO membership fee, total Euro ()

My card number is:

!! CVC/SC: (3 digits on the back of your Creditcard)

Please also add your Card Validation Code or Safety Code. See above!

Signature:

Expiry date:

Name (on card): _____

Address: _____

Postal code: _____ City: _____

Country: _____