



ESHO MEMBERSHIP PAYMENT FORM 2009

Personal information

Title Initials (First name in full): Family name: M/F

Professional address: Institute:

Department:

Street:.....Zip code:

City:Country:.....

Mailing address (If this is different from professional address):.....

.....

Telephone number.: Tel. home:.....

Fax: e-mail:

Profession: Clinician Physicist Biologist Other:.....

I allow ESHO to publish this information (except for Tel.home) on their password protected part of the ESHO website: yes no

Membership and payment

PLEASE INDICATE THE APPROPRIATE MEMBERSHIP FEE:

- normal rate Euro 100 Euro
 - student rate Euro 50 Euro
 - sponsored membership Euro 100 Euro
 - I have decided to end my ESHO-membership Euro
- Total** Euro

Payment

- ❖ Payment can be done by Visa/Eurocard or by banktransfer.
- ❖ Make sure that your name is clearly associated with the payment!
- ❖ When payment is made by banktransfer please mention: all costs for payer; no charges for receiver.
- ❖ Please note that we cannot accept payment by **American Express** or **Dinners** Card.
- ❖ Personal cheques cannot be accepted, due to very high bank charges.

Please charge my credit card: Visa Mastercard/Eurocard

Cardnumber:

Expiry Date:

CVV2- or CVC2-code:..... (safetycode of 3 numbers at the back of your card: Check your creditcardcompany for more information)

Cardholders name:

Signature: Date:

I will transfer the fee to the ESHO bankaccount:

- ABN-AMRO
- Accountnumber: 58.66.55.611
- BIC code: ABNANL2A
- IBAN-code: NL15ABNA0586655611
- Address: ABN-AMRO Zuidplein, P/O Box 5050, 3008 AB Rotterdam
- **Mentioning all costs for payer; no charges for receiver**

Note! For a fast forwarding of your address to Taylor and Francis please fill in this form completely. Do not forget to fill in the CVV2 or CVC2-code. Since January 1st 2009 we can't charge your creditcard without this code!

Please send me a receipt yes no
I allow ESHO to charge my creditcard every year until I end my membership yes no
(When your creditcard expires we will send you a new form)

Sponsored Membership: I wish to sponsor:

Title Initials (First name in full): Family name: M/F

Specialty Clinician Physicist Biologist Other:

Professional address:

Mailing address:

Please return this form by fax:

ESHO office, Mrs S.Y. v/d Sluis, c/o UHR Daniel, Department of Radiation Oncology, Hyperthermia Unit, P/O Box 5201 3008 AE ROTTERDAM, The Netherlands. Tel. +31 10.7041470, Fax. +31.10.7041022. s.vandersluis@erasmusmc.nl

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