



ESHO MEMBERSHIP PAYMENT FORM 2017

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:

<input type="checkbox"/> normal rate Euro 100	Euro
<input type="checkbox"/> student rate Euro 50	Euro
<input type="checkbox"/> sponsored membership Euro 100	Euro
<input type="checkbox"/> creditcard costs (5% of total sum)	Euro
	_____+
Total	Euro

I have decided to end my ESHO-membership

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 **Diners Card**.
- ❖ Personal cheques cannot be accepted, due to very high bank charges.

Please charge my credit card: Visa Mastercard/Eurocard
We will charge 5% Creditcard Costs

I will transfer the fee to the ESHO bankaccount:

Cardnumber:

- ABN-AMRO
- 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**

Expiry Date:

CVV2- or CVC2-code:..... (safetycode of 3 numbers at the back of your card)

Cardholders name:

Signature: Date:

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 or E-mail:

ESHO office, Mrs M.R. van Rhoon, c/o Erasmus MC Cancer Institute, Dept. Radiation Oncology, Hyperthermia Unit, Room GS02, P/O Box 5201 3008 AE ROTTERDAM, The Netherlands. Tel. +31 10.7041470, Fax. +31.10.7041022. E-mail: mariekevanrhoonesho@hotmail.com

Take a copy of this form for your own records