

## Registration for the ESMRMB Prostate MRI Online Course

**Date:** February 22 **Time:** 4-7 pm (CET)

### Personal Data

Title:*		Gender:*	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:*		Last Name:*	
Date of Birth:*		Profession:*	
Hospital/Institute:*			
Street/No.:*			
ZIP Code:*		City:*	Country:*
Phone:*		Email:*	

\*required, please use capital letters and write clearly

### Early Registration Fee

Registration Type	Fee
<input type="checkbox"/> ESMRMB Regular Member	<input type="checkbox"/> € 0
<input type="checkbox"/> ESMRMB Junior/Radiographer/Senior Member	<input type="checkbox"/> € 0
<input type="checkbox"/> Regular Non-Member	<input type="checkbox"/> € 25
<input type="checkbox"/> Junior/Radiographer Non-Member	<input type="checkbox"/> € 25

## Payment Details

**Credit Card (ESMRMB accepts Master Card and VISA only)**

Card Number

Valid Through   /   3 Digit Card Security Code

**Bank Transfer**

**Bank Account:** ESMRMB Society

**IBAN:** AT462011100003196844

**BIC/SWIFT:** GIBAATWW

Please **indicate your full name** and **“ESMRMB Online Prostate”** on transfer documents for identification purposes. Kindly note that you are responsible for any bank charges that might apply.

I herewith accept the Terms and Conditions of the School of MRI Programme. The Terms and Conditions are available on the Website: [www.esmrm.org](http://www.esmrm.org).

## Data Agreement

I agree that my personal data comprising of my full name, profession, address, phone number and e-mail address are passed on to the ESMRMB sponsors and partners (as listed on our website) for the purpose of providing commercial and scientific information related in the field of magnetic resonance.

Yes  No

I want to receive ESMRMB news about scientific events, educational programme and product developments related to the field of magnetic resonance.

Yes  No

\_\_\_\_\_

Date

\_\_\_\_\_

Signature