

**REGISTRATION**  
**ESMRMB-GREC Meeting**  
October 2, 2019, Rotterdam/NL

**Personal Information**

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

\*required

***Please use capital letters and make sure your details are clearly legible.***

***Please return this form to the ESMRMB Office:***

***Am Gestade 1, 1010 Vienna, Austria; [office@esmrmb.org](mailto:office@esmrmb.org)***

**ESMRMB Membership**

- I am an ESMRMB Member
- I would like to become an ESMRMB member
  - 175 € (Regular Member)
  - 25 € (Junior/Radiographer Member, proof required)

Education Congress Research GmbH  
Am Gestade 1 | AT-1010 Vienna | Austria  
Phone: +43 1 533 40 64 0  
UID: ATU57224417 | FN 237 886 h HG Wien  
Place of jurisdiction is Vienna, Austria.

This business is based on the general terms and conditions of Education Congress Research GmbH.

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Phone: +43 1 533 40 64 915  
ZVR: 865933126

## Registration Fee

€ 50 Fee ESMRMB-GREC Meeting

I hereby accept the Terms & Conditions of the ESMRMB-GREC Meeting, available at [www.esmrmb.org/congress/congress2019/grec](http://www.esmrmb.org/congress/congress2019/grec)\*

*\*acceptance of Terms & Conditions is required for registration*

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 [www.esmrmb.org](http://www.esmrmb.org)) for the purpose of providing commercial and scientific information related in the field of magnetic resonance.

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

*This contract is concluded between the Education Congress Research GMBH (ECR), Am Gestade 1, 1010 Vienna, Austria, and the respective person/company. Invoicing of registration fees is also effected by the Education Congress Research GmbH.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



**Payment details**

<input type="checkbox"/> Bank transfer		
<input type="checkbox"/> Credit card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card number:		
Valid through:		
3 digit security code:		

\_\_\_\_\_

Date

Signature Card Holder

**Invoice Details**

- Invoice details correspond to personal information above
- Invoice details differ from personal information above – fill in details below:

Company / Hospital / Institute / First Name:*		
Last Name:	VAT number:	
Street/No.*:		
ZIP Code.*	City.*	Country.*
PO number:		
Additional invoice information:		