

ESSO APPLICATION FORM

PLEASE FILL IN CAREFULLY (PRINT) & UNDERLINE MAILING ADDRESS

Family name* :

First name:

e-mail address :

Institute (name, address, phone & fax number)* :

Private address & phone number* :

Speciality: *surgery - medicine - chemotherapy - radiotherapy - pathology - radiology - epidemiology - experimental - others:*

Main fields: *general - breast - gynaecology - head & neck - thoracic - genito-urinary - skin - bone & soft tissue - pediatric - digestive : { hepatobiliary - pancreatic - esophageal - colorectal upper-gastrointestinal}. Others :*

Age:

Sex:

Date & Place of birth:

Date of qualification:

Degree:

Oncology training:

Official position now held:

Academic:

Hospital:

Membership in medical societies (please list names):

- 1.
- 2.
- 3.

Date of Application:

Signature of Applicant:

Proposed by:

Name & Signature of Full Member

Membership of E.S.S.O includes the subscription to the European Journal of Surgical Oncology

The fee amounts to 120 €, it is reduced to 60 € for *TRAINEES* certified by a letter from the Head of Department. The reduced rate is applicable only to surgeons aged under 35.

Please return this form to:

Secretariat - European Society of Surgical Oncology - Av. E. Mounier 83 - B 1200 Brussels, Belgium

This form is also available on the ESSO web site:

<http://www.esso-surgeononline.be>