

European Society of Neurosonology and Cerebral Hemodynamics

<<<< MEMBERSHIP APPLICATION >>>>

Please fill in clearly (black pen) and legible

Name:

Family Name ↑

First Name ↑

Title ↑

Age ↑

Profession ↑

Speciality (Physician) ↑

Sex ↑

Affiliation and Address:

Tel. Nr.:

Fax Nr.:

e-mail:

Signature:

Date:

Annual membership fee: EURO 25.- (only !)

Methods of payment:

1. On-Site Payment at the Annual Meeting

2. Direct Transfer

Berner Kantonalbank, BEKB

3001 Bern, Switzerland

European Society of Neurosonology and Cerebral Hemodynamics (ESNCH)

IBAN (International Bank Account Number): CH61 0079 0016 2680 8186 2

BIC / SWIFT: KBBECH22

Bank Clearing: 790 / Postal Account: 30-106-9

PLEASE USE THE IBAN FOR ALL PAYMENT TRANSACTIONS!

Please clearly give your first name and family name

Please return the completed application form to the following address:

By mail (preferred) : Tanja-Eliane.Biondo@insel.ch

By FAX: 0041 31 632 05 21

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