European Society of Neurosonology and Cerebral Hemodynamics

<<<< MEMBERSHIP APPLICATION >>>>>

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**

Bernische 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:

Mathias Sturzenegger, M.D., Professor of Neurology
Treasurer, ESNCH
Department of Neurology
University of Bern, Inselspital
Freiburgstrasse. 30
CH- 3010 Bern, Switzerland

FAX No.: 0041 31 632 05 21
e-mail: Matthias.Sturzenegger@insel.ch