



First Symposium of BSSD - Registration Form

Please return your registration form to infodesk.BSSD@gmail.com or to BSSD Mme Zicot, 22A Rue de Fraigneux, 4100 Bonnelles.

Title: Prof. Dr. Mr. Mrs. Miss.

Family name:..... First name:.....

Address:

University/Hospital/Private practice:

Street Address:

Zip Code and City: Country:

Telephone: E-mail:

Membership fee (*please tick and complete*):

Medical Doctor

- Medical doctor first three years after their specialization € 20,00
 Medical doctor after first three years of their specialization € 30,00

Resident

- Resident in training € 20,00

Paramedical professional

- Paramedical professional € 20,00

Student

- Medical student € 20,00
 Paramedical student € 20,00

PAYMENT: Bank Transfer

IBAN: BE48 0017 2056 9327 BIC: GEBABEBB

Mark your payment with your full name and 'cotisation 2015'