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MEMBERSHIP APPLICATION

Name

Clinic name

Clinic address

.....

.....

Phone

e-mail

Application as (please mark with a cross):

- Active member (neurosurgeon)**
- Associate member (related or other specialty)**
- Resident member (neurosurgeon in training)**

Annual membership dues for active and associate members are 120 Euros, and for resident members 50 Euros.

Main interests in functional and stereotactic neurosurgery (mark):

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Movement disorders | <input type="checkbox"/> Pain | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neuro-oncology |
| <input type="checkbox"/> Radiosurgery | <input type="checkbox"/> Imaging | <input type="checkbox"/> Technology | <input type="checkbox"/> Basic Science |
| <input type="checkbox"/> Neuro-transplantation | <input type="checkbox"/> Other | | |

Date **Signature**

Please send the completed and signed form to the ESSFN Secretariat :

essfnsecretary@mcocongres.com