

Annual International Course:

# Digital Breast Cancer Screening for Radiologists Application Form

June 08-12, 2015, Nijmegen/NL

Please send your application via fax (+43 1 535 89 25 446) or via email ([office@eusobi.org](mailto:office@eusobi.org)) to the EUSOBI Office.

## Personal Information

Gender  male  female

Academic title	Date of birth (DD MM YYYY)
First name	Last name
Profession	

## Contact Information

Hospital	
Department	
Street	
ZIP	City
Country	
Phone	Email

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## Payment

Handling fee – EUSOBI Member: € 1,525.00  
Handling fee – EUSOBI Non Member: € 1,625.00

**Payment method:**  Bank transfer  Credit card

### Bank transfer

**Account name:** EUSOBI - European Society of Breast Imaging  
**Account number:** 05151058  
**Bank name:** Die Erste Bank  
**Bank code:** 20111  
**IBAN:** AT972011100005151058  
**BIC/SWIFT:** GIBAAATWW

Please indicate your full name and "Digital Breast Cancer Screening Course 2015" on transfer documents for identification purposes. Kindly note that you are responsible for any bank charges that might apply. As soon as a sufficient number of applicants has been achieved, the EUSOBI Office will advise you of doing the payment. You will receive the payment information before May 08, 2015.

### Credit card

please indicate card  Visa  MasterCard

Name of cardholder

Credit card no.

Expiry date (MM/YYYY)

CVV2

Signature of cardholder

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## General Terms and Conditions

The course has a minimum and maximum number of participants. In case of insufficient applications (less than 5), the LRCB has the right to cancel the course until May 08, 2015. Please pay the registration fee after May 8, but prior to the first course day. Registration forms are dealt with in order of arrival. If the course is fully booked, we will put your name on a waiting list and contact you in case of availability.

### Terms of cancellation

No refunds can be provided if an applicant withdraws his/her application after May 08, 2015.

With my signature I confirm the accuracy of the information provided.

<input type="text"/> <b>Date</b>
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<input type="text"/> <b>Signature</b>
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