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| **ESRA anatomy in Paris – Registration form** |

**Title:** Click here to enter text.

**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Country:** Click here to enter text.

**Email address:** Click here to enter text.

**Confirm email address:** Click here to enter text.

**Are you an active ESRA member 2018? Yes** [ ]  **No** [ ]

**Registration fees**

ESRA member EUR 570 [ ]

Non-ESRA member EUR 700 [ ]

**Payment (Please note that checks are not accepted)**

Please select a payment option below and fill the corresponding information:

**Option 1: Credit Card** [ ] Visa [ ]  Mastercard [ ]  American Express

Name as it appears on the card:

Click here to enter text.

Card Number: Expiry date (mm/yy): CVV:

Click here to enter text.Click here to enter text.Click here to enter text.

**Option 2: Bank transfer –** please ensure that “ESRA Cadaver workshop Paris” and the name of the participant are clearly marked on the transfer. If payment is for more than one person or by a company, please make sure **all names** are indicated. Please send a copy of this form together with a copy of the bank transfer to the address below. **Please make drafts payable to: “ESRA” and send them to KBC Bank, Grimbergen, Belgium, IBAN- N°: BE62 7340 3078 3361 - BIC/Swift code N°: KREDBEBB. All bank charges are the responsibility of the payee and should be paid at source in addition to the registration fees.**

Please note that your registration will only be accepted after authorization of the payment or confirmation that funds have cleared.

Signature: Date (dd/mm/yyyy): Click here to enter text.

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| **Please send your form to** **office@esraeurope.org**ESRA Office, Avenue Florimont 4, 1006 Lausanne, SwitzerlandTel: +41 22 510 56 10 Fax: +41 22 510 56 14 |