EUROPEAN GROUP FOR
BREAST CANCER SCREENING

EUSOMA
European Society of Breast Cancer Specialists

To become a member fill in the form and return it to: EUSOMA – Via del Pratellino, 7 – 50131 Firenze - Italy
Tel.:+39/055/576260 – fax:+39/055/5530281 email: secretariat@eusoma.org

TITLE **NAME** **SURNAME**

DATE OF BIRTH ☐**MALE** ☐ **FEMALE**

DEPT **HOSPITAL**

ADDRESS

TOWN **CODE** **COUNTRY**

PHONE **FAX** **EMAIL**

POSITION: ☐ RESIDENT ☐ JUNIOR ASSISTANT ☐ SENIOR ASSISTANT ☐ CONSULTANT ☐ HEAD OF DEPT.

TYPE OF INSTITUTION: ☐ CANCER DEPT. IN GENERAL. HOSP. ☐ CANCER CENTRE

I give my permission to Eusoma to put my personal details in the members directory on the members only site of www.eusoma.org. I understand that other Eusoma members will be able to view these data.

Signature.....

WORKING FIELD

☐ EPIDEMIOLOGY & PREVENTION ☐BIOLOGY & IMMUNOLOGY ☐MEDICAL ONCOLOGY
☐DETECTION & DIAGNOSIS ☐ SURGERY ☐ PATHOLOGY
☐ PSYCHOSOCIAL ONCOLOGY ☐ ENDOCRINOLOGY ☐ RADIOTHERAPY
☐ RECONSTRUCTIVE SURGERY ☐ NURSING
☐ **I also wish to be part of the European Group for Breast Cancer Screening**

2010

MEMBERSHIP FEE :

☐ Only membership = 40 EURO

MEMBERSHIP AND JOURNALS:

☐ EJC (print and online)[1] and the "THE BREAST" only online = 166 EURO

☐ EJC (print and online)[1] = 127 EURO

☐ "THE BREAST" only online= 79 EURO

[1] If you wish to receive the Journal at a different address from that indicated above, please write below:

ADDRESS

TOWN CODE COUNTRY

According to the Italian Law (art. 23 D. Lgs 196/2003) on Privacy Code, I authorise Eusoma to use my personal data for purposes related to the Society's activities

Signature.....

METHODS OF PAYMENT

By CREDIT CARD: ☐ AMERICAN EXPRESS ☐ VISA ☐ MASTER CARD

CARD N CARD HOLDER

EXPIRY DATE. SIGNATURE

By BANK TRANSFER : ☐ EUSOMA – European Society of Breast Cancer Specialists

CASSA DI RISPARMIO DI FIRENZE – FILIALE DI FIRENZE – VIA BUFALINI, 4 – 50122 FIRENZE – ITALY,
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