



EUROPEAN GROUP FOR  
BREAST CANCER SCREENING

Annual membership fee includes: **ANNUAL SUBSCRIPTION TO THE OFFICIAL JOURNAL OF THE SOCIETY - "THE EUROPEAN JOURNAL OF CANCER"**

To become a member fill in the form and return it to: EUSOMA – Corso Italia, 16 – 20122 Milan – Italy  
Tel.:+39/02/89096008 – fax:+39/02/45476884 email: secretariat@eusoma.org

TITLE.....NAME.....(  MALE/  FEMALE) SURNAME.....

DEPT.....HOSPITAL.....

ADDRESS.....

TOWN.....CODE.....COUNTRY.....

PHONE.....FAX.....EMAIL.....

POSITION  RESIDENT  JUNIOR ASSISTANT  SENIOR ASSISTANT  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](http://www.eusoma.org). I understand that other Eusoma members will be able to view these data.

Signature.....

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

ADDRESS.....

.....

TOWN.....CODE.....COUNTRY.....

**Please indicate only ONE GROUP of interest**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> EPIDEMIOLOGY & PREVENTION | <input type="checkbox"/> BIOLOGY & IMMUNOLOGY | <input type="checkbox"/> MEDICAL ONCOLOGY |
| <input type="checkbox"/> DETECTION & DIAGNOSIS     | <input type="checkbox"/> SURGERY              | <input type="checkbox"/> PATHOLOGY        |
| <input type="checkbox"/> PSYCHOSOCIAL ONCOLOGY     | <input type="checkbox"/> ENDOCRINOLOGY        | <input type="checkbox"/> RADIOTHERAPY     |
| <input type="checkbox"/> RECONSTRUCTIVE SURGERY    | <input type="checkbox"/> NURSING              |   |

**I'm also interested in registering as a member of the European Group for Breast Cancer Screening which is an independent group within Eusoma**

**MEMBERSHIP FEE :**

- |  |  |
|--|--|
| <input type="checkbox"/> 2004= 110 EURO  | <input type="checkbox"/> 2004 - 2005 = 200 EURO  |
| <input type="checkbox"/> 2004 = 80 EURO* | <input type="checkbox"/> 2004 - 2005 = 150 EURO* |

\*only for members of the Società Italiana di Senologia SIS (Please send a document stating your membership to SIS) and MDs up to 35 years (please indicate your date of birth .....)

**METHODS OF PAYMENT**

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

CARD N°.....

EXPIRY DATE.....

CARD HOLDER.....

SIGNATURE.....

**By BANK TRANSFER:**  EUROPEAN SOCIETY OF MASTOLOGY

BANCA POPOLARE DI NOVARA – VIA S. MARGHERITA, 1 – 20121 MILANO – ITALY,  
ACCOUNT N° 7331 – CAB N° 01600 – ABI N° 05608 - IBAN CODE: IT64 B0560801600 000000007331

**By INTERNATIONAL CHEQUE:**  TO OUR SECRETARIAT: CORSO ITALIA,16 – 20122 MILANO – ITALY