



ESID Membership – Junior Member's Trainee Declaration Form

If you have indicated that you qualify for the ESID Junior in Training membership category, please fill in this form and return by **e-mail or fax** to the following address in order to qualify for the reduced membership fee:

ESID Membership Services

c/o Kenes International Organizers of Congresses S.A

7, rue François-Versonnex | C.P. 6053 | 1211 Geneva | Switzerland

Email: esidmem@kenes.com, Tel.: +41 22 906 91 63, Fax: +41 22 906 43

Website: www.esid.org

Full Name:

Hospital/Institution name and address:

Department:

Tel:

Fax:

E-mail:

I confirm that I am a Trainee/Resident

In year/s:

Signature:

Date:

For completion by the Head of Department:

I confirm the above particulars to be correct.

The above subscriber is currently a trainee/resident.

Department:

Institution:

Date:

Name:

Signature: