**CNS subscription form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Name: | |  | | | | | | | |
| First Name: | | |  | | | | | | |
| Hospital/Institute: | | | |  | | | | | |
| Postal address: | | |  | | | | | | |
| Postal code: | |  | | | City: |  | | Country: |  |
| Telephone: |  | | | | | Fax: |  | | |
| E-mail: |  | | | | | | | | |

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| **CNS annual subscription fee** | | | |
| e-version ONLY | 50 € | |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Method of payment**  **Bank transfer** (please enclose copy of the bank transfer) to the order of:  Bank Name: ALPHA BANK  Account Number: 103-002320-000855  Swift Code: CRBAGRAAXXX  IBAN Number: GR29 0140 1030 1030 0232 0000 855  Account Holder: Erasmus S.A.  **Credit card** (please print or type)   |  |  |  |  | | --- | --- | --- | --- | | Mastercard VISA Maestro AMEX | | | | | Credit card number |  | | | | Expiration date | | |  | | Print name as it appears on credit card | |  | | | I.D. No (3 digit code behind card, 4 digit at front for AMEX) | | |  |   Place and date      Signature  **Please send this form by e-mail to the following address:**  [secretariat@espnsociety.org](mailto:secretariat@espnsociety.org), *Attn. Ms. Marietta Boursinou or Ms. Margarita Katsiavou*  **ESPN Administrative Secretariat**  ***Erasmus Conferences & Events S.A.***  6, Drosini Str., Voula, 166 73, Athens, Greece T: + 30 210 7414 700 | F: + 30 210 72 57 532 | E: [secretariat@espnsociety.org](mailto:secretariat@espnsociety.org) |

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