

Membership Form

Please print this form, fill it in,
preferably with your Credit Card number,
and FAX it to OESO: (33) 1 55 37 90 40
or send it by regular mail:
2 Boulevard Pershing - 75017 Paris (France)

Identity

Last Name* First Name
Position* Speciality*

Professional Address

Name of Institution or Hospital Affiliation*
Department*
Street* City*
State* Zip Code*
Telephone* Fax*
Email*

Home Address

.....
.....

Become a member

I wish to become a member of OESO

I wish to renew my membership to OESO

- Payment overdue (Year - Year - Year) €
- Current annual OESO membership dues (Year 2010): 100 €

I wish to receive the DVD from the 9th OESO Conference - Monaco, April 2008
(Gastro-Esophageal Reflux Disease - From reflux to inflammation to adenocarcinoma)

- Purchase of the DVD*:
Price per copy: 130 € Taxes & shipping included
Quantity ordered: x 130 € Total: €

I wish to receive the DVD from the 8th OESO Conference - Avignon, September 2006
(The foregut - Function-Dysfunction)

- Purchase of the DVD*:
Price per copy: 100 € Taxes & shipping included
Quantity ordered: x 100 € Total: €

Total in Euros: €

Date:

Signature:

Methods of payment

Credit Card:

Visa

Card Member Name Expiration Date

MasterCard

Credit card Number

American Express

3 last digits on the back of the card

Amount: Euros Signature:

Check to the order of OESO

Bank transfer:

Bank Code 42559 - Agency Code 00072 - Account n° 21027288202 - Key 77

BIC CODE: CCOPFRPPXXX (Transfer fee at your charge)

Banque Française de Crédit Coopératif - Agence Pommier

86, rue de Courcelles - 75008 Paris (France)

Receipt sent upon reception of payment