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| **Annual Membership Fee**: € 25   | EMDS_logo |

##### European Macrophage & Dendritic Cell Society

#### **Registration form**

|  |  |
| --- | --- |
| Name, Title: |       |
| Institution: |       |
| Street: |       |
| City: |       | Postal Code |       |
| Country: |       |  |  |
| Phone: |       |  |  |
| Fax: |       |  |  |
| Email: |       |
| URL: |       |
|  |  |  |  |  |
| Research Interests: |  |       |
|  |  |       |
| Technologies: |  |       |
|  |  |       |
| **Date**: |       | **Signature:** |  |  |

Please indicate how you would like to payyour **membership fee of 25 €**

**MONEY TRANSFER**

❑ Direct Debit, when you are from a European Country. Please use SEPA form on the web page and

 send it together with this application form.

 ❑ single payment

 ❑ recurrent payment

❑ Single payment via bank transfer to the EMDS account

IBAN DE40-750 500 000-780 011 201 BIC BYLADEM1RBG

**CREDIT CARD**

Please, charge my credit card (Eurocard/Mastercard or Visa only !!)

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ Eurocard/Mastercard |  | ❑ VISA |  |
| Card number :  |  | Expiration date :  |  |
| Card verification code CVC2 (3-digit)  |  |  |  |
| Date : |  | Signature : |  |