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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 : |  | |