



# EUROPEAN DIPLOMA IN MUSCULOSKELETAL RADIOLOGY APPLICATION FORM

Please send your application together with all necessary documents (see eligibility criteria) via postal mail or via email (office@essr.org) to the ESSR Office.

## PERSONAL INFORMATION

**Gender**       male       female

**Academic title**

**First name**

**Last name**

**Date of birth** (DD | MM | YYYY)

## CONTACT INFORMATION

**Hospital**

**Department**

**Head of department**

**Street**

**ZIP**

**City**

**Country**

**Phone**

**Fax**

**Email**

**Retype email**



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## PAYMENT

**Payment method:** credit card payment only  
**Handling fee:** € 400.00

After approval you will receive an authorisation form to indicate your credit card details.

## GENERAL TERMS AND CONDITIONS

### Accuracy of information

I herewith confirm the accuracy of the information provided.

### Terms of cancellation

No refunds can be provided if an applicant withdraws his/her application.  
If a candidate cannot provide all entry criteria, his/her registration for the examination will be cancelled.  
Candidates judged to have satisfied the entry criteria will be eligible to take the diploma examination.

I herewith accept the terms of cancellation as indicated above.

**Please note that no refunds can be provided if an applicant withdraws his/her application.**

<b>Date</b>	<b>Signature</b>
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