



## EUROPEAN DIPLOMA IN MUSCULOSKELETAL RADIOLOGY RENEWAL APPLICATION FORM

Please send your application together with all necessary documents (see renewal 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:** € 30.00

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.

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