



# 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



# 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.

### PAYMENT

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

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

### GENERAL TERMS AND CONDITIONS

#### Accuracy of information

I herewith confirm the accuracy of the information provided.

#### Appeal procedure

I herewith understand that no appeal may be made in relation to the content of the examination.

#### 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>
-------------	------------------