

## OESO Training Course

### Registration form for the participants

Name:

First name:

Institution or Institution or Hospital affiliation:

Professional address:

Telephone:

e-mail:

OESO member: € 500

Non OESO member: € 600

Billing address:

Person in charge:

e-mail:

Method of payment:

Bank transfer to the OESO Foundation bank account. Receipt sent upon reception of payment.

Fill in the registration form and send it to the OESO Coordinator: [michele.liegeon@oeso.org](mailto:michele.liegeon@oeso.org)