

## OESO Training Course

### Registration form for the participants

Name:

First name:

Institution or Institution or Hospital affiliation:

Professional address:

Telephone:

e-mail:

OESO member: €

Non OESO member: €

Billing address:

Person in charge:

e-mail:

Method of payment:

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

Please download the registration form, fill in, save and send it back to  
the OESO Coordinator: [michele.liegeon@oeso.org](mailto:michele.liegeon@oeso.org)