

Application/Renewal for ESS Membership

Applications must be received early in 2004 to qualify for the discount for all ESS activities.

Are you already a Member of the ESS? Yes No

Members are requested to complete the application form for updating. For members receiving their membership card for the first time, kindly submit 2 recent photos with the form.

Personal Information

Full name (Please indicate degree, i.e. MD, PhD): _____

Mailing Address: _____

Phone: (Home) _____ (Office) _____

(Mobile) _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Medical School: _____ Graduation Year: _____

High Graduation: _____ Graduation Year: _____ Medical School: _____

Subspecialty: _____

Other Master Degree(s): _____

Current job: _____

Payment Information

Registration fee: For new members (L.E. 50)

Membership Annual fees (L.E. 30)

Membership card (L.E. 5)

Payment should be paid by one of the following methods:

- Bank Draft-Cheque: payable to the "Egyptian Society of Surgeons".
- Bank Transfer: to the account no. 37/7051/0 - Misr Bank - Garden City Branch.
- Credit Card: Visa Master Card (A photocopy of the card is needed)

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ Signature: _____

Cardholder's Home Address: _____

Please return your completed application – with 2 recent photos - to:

The Egyptian Society of Surgeons Secretariat

Conference Organizing Bureau

14, El Khalil Street, Lebanon Square, Mohandessin, Giza, Egypt.

Phone: (202) 3023642 – 3027672 – 3025360/1 / Fax: (202) 3027672 – 3025361

E-mail: cobshahi@intouch.com