

ESID Membership Services

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ESID PAYMENT FORM

If you wish to pay by Bank Transfer please complete this form and email or fax back to the address above. Please ensure you complete this form clearly and accurately to avoid any mistake in completing your payment.

Title (please check one box only): Prof. Dr. Mr. Mrs. Ms.

Last Name

First Name

Grid of boxes for entering last and first names.

Email Address

Country

Grid of boxes for entering email address and country.

ESID MEMBERSHIP CATEGORIES

- ESID Regular membership 2020/2021 EUR 125
- ESID Junior membership 2020/2021* EUR 75
- ESID Reduced membership /for certain countries/ 2020/2021* EUR 75
- LASID membership 2020/2021* EUR 75
- CIS membership 2020/2021* EUR 75
- APSID membership 2020/2021* EUR 75
- ASID membership 2020/2021* EUR 75

* Please refer to ESID Website at www.esid.org for more information about this category application requirements.

PAYMENT

Bank transfer:

Please ensure that “**ESID Membership fee**” and **the name of the member** are clearly marked on the transfer. If payment is for more than one person or by a company, please make sure all names are indicated.

Please send a copy of this form together with a copy of the bank transfer to the ESID Membership Services email address or the fax number stated above.

Checking account number: ABN AMRO; IBAN: NL17ABNA0438813995 (ESID Membership); SWIFT/BIC: ABNANL2A; Nieuwstraat; Postbus 201; 5201 AE S-HERTOGENBOSCH; The Netherlands
Make sure to indicate clearly the Bank, Branch and date of the transfer.

Bank charges are the responsibility of the payee and should be paid at source in addition to the membership fees.

Address of the Society: European Society for Immunodeficiencies (ESID), (Europese Vereniging voor Immunodeficiencies), KvK 40448576, Mijnbouwstraat 23, Delft, The Netherlands

Signature: _____

Date (dd/mm/yyyy): _____