



## ESiD Membership – Junior Member's Trainee Declaration Form

If you have indicated that you qualify for the ESiD Junior in Training membership category, please fill in this form and return by **e-mail or fax** to the following address in order to qualify for the reduced membership fee:

### ESiD Membership Services

c/o Kenes International Organizers of Congresses S.A

7, rue François-Versonnex | C.P. 6053 | 1211 Geneva | Switzerland

Email: [esidmem@kenes.com](mailto:esidmem@kenes.com), Tel.: +41 22 906 91 63, Fax: +41 22 732 26 07

Website: [www.esid.org](http://www.esid.org)

Full Name:

Hospital/Institution name and address:

Department:

Tel:

Fax:

E-mail:

**I confirm that I am a Trainee.**

**Year:**

Signature:

Date:

### ***For completion by the Head of Department:***

I confirm the above particulars to be correct.

The above subscriber is currently a resident until (MM/YYYY):

Department:

Institution:

Date:

Name:

Signature: