



Application Deadlines: **Early Registration: 1 April 2010**
Late Registration: 1 August 2010
Late or incomplete applications will not be considered.

Examination Session Saturday 9 October 2010 – please select which session you will attend

- Main Session:** 35th ESMO Congress, Milan, Italy
- Swiss Session:** Lucerne, Switzerland
- German Session:** Berlin, Germany
- Other Session:** Please check with your NR to see if a Session will be held in your country
- Specify country:

Personal Details

Title MD MD/PhD

First Name

Last Name

Date of Birth / /

D D M M Y Y Y Y

Sex F M

Institute

Institute Name

Department

Street

State/Province

Zip/City /

Country

Phone (incl. country code) /

Fax /

(mandatory) E-mail

Is your private address your preferred mailing address? Yes No

If **yes**, please provide your address details:

Street

State/Province

Zip/City /

Country

Phone (incl. country code) /

Fax /

(mandatory) E-mail

Membership

ESMO ID

(ESMO members must provide their ESMO ID)

ESMO membership status Full Junior

Other memberships AIO (Registration A) see page 2 DHGO (Registration B) see page 2 FMH (Registration C) see page 2

Place of work University hospital General hospital Comprehensive center

Group of private oncologists Own practice

Other:

Payment and Registration Instructions

ESMO Members

Early registration by 1 April 2010, € 50
Late registration by 1 August 2010, € 100

Please send the **original registration form** with the **payment instructions** to ESMO Examination Working Group.

Non-ESMO Members (AIO/DGHO/FMH members only)

Registration by 1 August 2010, € 200

- Registration A **AIO**: send the **original registration form** with the **payment instructions** to ESMO Examination Working Group and a copy to the AIO Secretariat.
- Registration B **DGHO**: send the **original registration form** with the **payment instructions** to ESMO Examination Working Group and a copy to the AIO Secretariat.
- Registration C **FMH**: send the **original registration form** with the **payment instructions** to ESMO Examination Working Group and a copy to FMH Secretariat.
For the oral exam procedure, contact: Dr. med. Roland Sperb at roland.sperb@ksl.ch

Payment Method

Bank Transfer

ESMO
Account No. 247-498080.60 H
c/o UBS SA, 6900 Lugano, Switzerland
SWIFT: UBSWCHZH80A
IBAN: CH92 0024 7247 4980 8060H

Transfer the amount in EURO. Clearly indicate your first and last name and "**Examination**", otherwise ESMO will be unable to process your registration.

Credit Card

We accept payment by VISA and Mastercard **only**. Please insert the number and expiry date of your credit card (include a clear photocopy of both sides) and fax it to +41 (0)91 973 19 21.

Type of credit card	<input type="text"/>
Number	<input type="text"/>
Card Security Code*	<input type="text"/> *last three digits on the signature panel
Card holder's name	<input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/>
	M M Y Y

Applicant's Signature

Date / /

D D M M Y Y Y Y

Applicant's Signature*

*3rd party signatures are not accepted

Please return signed application form
and photocopy of credit card (if applicable)
by mail, fax, or E-mail to:

ESMO Head Office
Examination Working Group
Laura Spacca
Via Luigi Taddei 4
6962 Viganello-Lugano
Switzerland

Tel. +41 (0)91 973 19 20
Fax +41 (0)91 973 19 21
examination@esmo.org



For the Examination Policy
and more information visit:
www.esmo.org/education/certification-and-accreditation/esmo-examination/