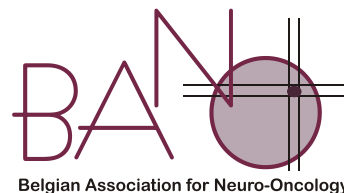


Belgian Association for Neuro-Oncology



Membership Application Form

Name : _____ **First name :** _____

Degree : Professor / M.D. / Resident / Student / Nurse **Sex :** F / M

Specialty :

- Neurosurgery
- Neurology
- Medical Oncology
- Radiotherapy
- Radiology
- Pathology
- Nuclear Medicine
- Research
- Other : _____

INAMI N° : 1 - _____ - _____ - _____
RIZIV N° : _____

Professional Address :

Institution : _____
Street : _____ N° : _____
Zip code : _____ City : _____
Phone : _____ Fax : _____

Private Address :

Street : _____ N° : _____
Zip code : _____ City : _____

E-mail Address : _____@_____

I hereby wish to apply for membership of the Belgian Association for Neuro-Oncology (BANO). I agree to pay the membership fee regularly. I give my consent that my professional data are stored in an electronic database and may be used for scientific purposes only.

Date _____

Signature _____

Return this form to : Dr. Laurette Renard
Treasurer
Radiotherapy Department
Cliniques Universitaires Saint Luc
Secrétariat: +32 2 764 47 52
Fax: +32 2 764 89 42