



Application Form for Affiliated Membership

Name of company	
Department	
Street	
ZIP Code	
City	
Country	
Email:	
Telephone	
Fax	
Web site of company	
Areas of Interest in Gastroenterology / Endoscopy (type of equipment, drugs, etc.)	
About yourself	
Name	
Qualification	
Position / Job title	
What is your interest in ESGENA? (optional)	

Please note that by signing this application, you allow ESGENA to use your email address for the mailings of

- ESGENA membership issues,
- the ESGENA e-Newsletter,
- conference announcements and
- further educational activities relevant for ESGENA

ESGENA will not share your contact details with third parties.

Date

Signature

Please send the application form to:

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