

Membership Application



The Rhinoplasty Society of Europe

The Rhinoplasty Society of Europe is an on-profit organization dedicated to the open exchange of innovative techniques and research on plastic, reconstructive and aesthetic rhinoplasty.

There are several benefits for the members; such as free access to video library of the Society, discounted registration for the scientific meetings and instructional courses organized by the Society, opportunity to present during the annual meetings observation of rhinoplasty masters, continuous information on the latest developments in rhinoplasty etc.

To become a member – please fill out the membership application form and attache your medical CV:

Salutation: _____ Academic degree: _____

Last name: _____

First name: _____

Date of birth: _____ Nationality: _____

Occupation and discipline: _____

Business address: _____

Business E-mail: _____

Private address: _____

Private E-mail: _____

Country: _____ Send RhiSoEu e. V.-informations to: Business address Private address

Phone: _____ Mobile phone: _____

Practice details: University/Institute Private Practice Resident

Member of which national society: Plastic Surgery ENT Oral and Maxillofacial Surgery

Method of Payment:

I shall pay my annual dues by

- | | |
|---|--|
| <input type="checkbox"/> Wire Transfer to RhiSoEu e. V.:
Commerzbank AG
Niederlassung Berlin-Süd
Postanschrift: 10877 Berlin
Geschäftsräume: Bayerischer Platz 1
IBAN: DE45 1004 0000 0285 0725 00
BIC: COBADEFFXXX | <input type="checkbox"/> Credit Card Payment:
https://rhinoplastysociety.eu/due-payments/ |
| | <input type="checkbox"/> Automatic direct debit
(just for members based in Europe with EUR account) |
| | <input type="checkbox"/> PayPal: rhinoplastysocietyofeurope@gmail.com |

Membership Details:

One-time admission fee: EUR 250,- | Membership fee: EUR 200,-/annual | Homepage linkage: EUR 50,-/annual

- I agree with the objectives and guidelines of the society
- I read the privacy policy and I consent to having rhinoplastysociety.eu collect my submitted information so they can response to my inquiry.

Place, Date, Signature: _____

Please send the application to: rhinoplastysocietyofeurope@gmail.com
