



Dutch Society for Medical Ultrasound (NVMU) EFSUMB Affiliate

MEMBERSHIP REGISTRATION FORM

Name and surname (print):

Job title (Staff / PhD student/ Undergraduate student):

Name Supervisor (if applicable):

Affiliation:

Work address

Street/PO Box:.....

Zip code, City, Country:

Email :

Personal address

Street:

Zip code, City, Country:

Signature

Date

To be scanned and returned via email to

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