



Treasurer: Prof. George J. Kahaly
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INVOICE FOR MEMBERSHIP FEES 2008

Member type	After April 10	Total
Ordinary	175 €	
Senior/junior/corresponding	100 €	

ETA Pin*	20 €		
Donation to EFED (ETA Foundation for Endowment and Development)	Suggested minimum 25 €	Other amount:	
Overall total			

* all proceeds will be donated to EFED, see www.eurothyroid.com for details

Preferred method of payment:

Credit Card

Name of Member: _____ Signature: _____

Email: _____ Date: _____

Please charge my – VISA CARD MASTER CARD

Card number (please write clearly): _____

Expiry date: ____/____ Control number: _____

Bank transfer (please also fax a copy of the transaction and ensure that your name is on the transfer)

Recipient: European Thyroid Association e.V.
IBAN: DE96750200730609787198
Swift/BIC: HYVEDEMM447

For transfers within Germany:
Acct.-No.: 609787198 **BLZ:** 75020073
Please indicate: ETA Membership and your name

Address: HypoVereinsbank AG
Niederlassung Regensburg
Hemauerstr. 1, 93047 Regensburg, Germany

All bank charges must be paid by the sender

Please mail or fax this form to:

ETA STANDING OFFICE

Attn. Sandra Crutchley

EndoScience

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ETA Standing Office

EndoScience Endokrinologie Service GmbH

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