



**EADO**

**European Association of Dermato-Oncology**

An organisation dedicated to promote, coordinate and improve clinical and laboratory research in skin cancer.

Secretariat Office

24, rue Chauchat -FR - 75009 Paris - France

Tel. : + 33 (0)1 53 85 82 70 - Fax.: + 33 (0)1 53 85 82 83

Mail : [membership@eado.org](mailto:membership@eado.org) – Web : <http://www.eado.org>

## EADO MEMBERSHIP APPLICATION FORM

Please PRINT or mark the appropriate box with a cross . Please complete the entire form.

**CIVIL STATUS**

Academic Title: Prof.  Dr.  Prof. Dr.  Other

Salutation: Mrs.  Ms.  Mr.

Last Name:.....

First Name:.....

Age group:  <30  31-40  41-50  51-60  >60

I work since...  < 3 years  > 3 years  > 10 years

Hospital / Company / University:

.....

Department: .....

Address: .....

ZIP Code: ..... City: ..... Country: .....

Phone: ..... Fax: .....

Email: .....

**Specialty:**

- |                             |                          |                               |                          |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| Board Certified Oncologist  | <input type="checkbox"/> | Board Certified Dermatologist | <input type="checkbox"/> |
| Board Certified Pathologist | <input type="checkbox"/> | Board Certified Surgeon       | <input type="checkbox"/> |
| Nurse                       | <input type="checkbox"/> | Other                         | <input type="checkbox"/> |
| Student                     | <input type="checkbox"/> |                               |                          |

I do NOT wish my contact details to be used for commercial purposes.

I do NOT wish my contact details to appear on the Members' Directory of the EADO website.



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**REGISTRATION**

Registration category	Amount
Regular member	FREE <input type="checkbox"/>

Your main field(s) of interest in Skin Oncology:

.....

SIGNATURE: ..... DATE: .....

Thank you for your application. You will hear from us once the form is processed.