



Full Name: .....

Address: .....

Email Address:.....

RIZIV-number: .....

Wishes to become member of the

**”Belgian Society of Anesthesiology, Resuscitation,  
Perioperative Medicine and Pain Management”**

- Assistant
- Licensed Practitioner

**Membership Fee BeSARPP**

*(Membership is effective after receipt of the payment, the membership expires on 31 December)*

- 125 Euro      Licensed Practitioner
- 225 Euro      Licensed Practitioner (2 years)
- 80 EURO      Residents – 2nd (2nd semester), 3rd, 4th and 5th year + BAT Membership (free)
- Free            Residents – 1st and 2nd year (1st semester) + BAT Membership (free)

To protect your privacy, we ask to complete following questions:

- I wish to receive future communication in the field of Anesthesiology.
- My email address can be shared with academic and governmental institutions.
- My email address can be shared with non-commercial subject-related organization. (e.g. organizers of congresses)
- My email address can be shared for commercial purposes.

**Bank transfer:**      - Account Name: VZW BVAR  
                              - Account Number: IBAN BE97 0018 1614 5649  
                              - SWIFT: GEBABEBB  
                              - Please mention: Membership Fee 2022 - Name

Date

Signature

.....

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**Please return this completed form to [besarpp@medicongress.com](mailto:besarpp@medicongress.com).**

Secretariaat BeSARPP  
Noorwegenstraat 49 – B-9940 Evergem  
[besarpp@medicongress.com](mailto:besarpp@medicongress.com)