



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 2023 - Name

Date

Signature

.....

.....

Please return this completed form to besarpp@medicongress.com.

Secretariaat BeSARPP
Noorwegenstraat 49 – B-9940 Evergem
besarpp@medicongress.com