

**APPLICATION FORM FOR THE ECNR ORAL EXAMINATION
FELLOWSHIP IN NEURORADIOLOGY**

to be completed and sent together with the relevant documents
to the ESNR Central Office
c/o AIM Group–AIM Congress
Via Ripamonti, 129
I – 20141 Milano
E-mail: esnr@aimgroup.it

Mr Ms

First name Family name
.....

Institution
.....

Department
.....

Street and number
.....

Post-code and town
.....

Country
.....

E-mail address
.....

- Please put a tick here if you write above your home address**
- I would appreciate if one of the examiners speaks my language**
- I have paid online via ESNR website**

DATE:----- SIGNATURE:-----

Please type or write in capital letters. Application forms should be completely filled in and signed by the applicant.
Applications where signatures are missing or received after the deadline (June 20th) may not be considered.