



SCIENTIFIC SOCIETY

FOR RARE & ORPHAN
DISEASES & DRUGS

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Registration Form

To the attention of the Board of Directors of S.S.R.D.O.D.

Kindly accept my registration as a regular member of S.S.R.D.O.D. having stated that I accept the statute and the legal decisions of the Board of Directors and the General Assembly of S.S.R.D.O.D.

Name / Surname:

Home Address:

ID Card or Passport No.*:

Passport expiration date*:

Social Security No.*:

Social Security Fund*:

Telephone:

Fax:

E-mail:

Occupation:

Title:

Specialty:

Medical or other Association:

Work address:

The fields with asterisk () are required for the Members' File of the S.S.R.D.O.D.

Professional and Academic Certificates on rare diseases and/or orphan drugs, as well as any published articles.

(Please fill in on the following section and attach any relative documentation, if considered necessary)

Registration Fee*: € 20 • Annual Subscription*: € 20

**The registration fee and the first annual subscription are paid after the acceptance of your registration by the Board of Directors.*

Place:

Date:

Signature:

To be completed by S.S.R.D.O.D.

Mr. / Mrs. _____

Is suggested as a member of S.S.R.D.O.D. by the following existing members:

No	Name / Surname	Signature
1		
2		

S.S.R.D.O.D. Board Resolution

At the meeting of the Board of Directors of S.S.R.D.O.D. on the _____

the Board adopted / rejected the membership of

to become a member of S.S.R.D.O.D., in accordance with the 5th Article of the statute.

The new member was provided with the Registration Number (R.N.): _____

Athens _____

The Chairman

The General Secretary
