



## ESGO Membership Trainee Declaration Form

If you apply for ESGO membership as a Trainee, please fill in the following form and return by **fax, post or e-mail** to the following address in order to qualify for the reduced membership fee.

**ESGO** Administrative Office, 1-3 rue de Chantepoulet , P.O. Box 1726, 1211 Geneva 1, Switzerland  
Fax: +41 22 732 2607, E-mail: [membership@esgo.org](mailto:membership@esgo.org)

Full Name:

Address:

Tel:

Fax:

E-mail:

**I confirm that I am undergoing training in gynaecological oncology or a related sub specialty from the period ..... to .....**

Signature:

Date:

### **For completion by the Head of Department/Training Supervisor**

I confirm the above particulars to be correct

Department:

Institution:

Date:

Name:

Signature: