



# EBIR – European Board of Interventional Radiology Registration Form

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Please complete legibly and fax to the CIRSE Central Office.

Female       Male      Prof. / Dr. / Mr. / Mrs. / Ms. (please indicate)

Family Name: ..... First Name: .....

Date of birth: .....

Institution: .....

Street / no: .....

City: ..... Zip Code: ..... Country: .....

Phone: ..... Fax: .....

E-mail: .....

Please select two of the following topics for your oral examination:

General       IR Vascular       Non-vascular       Oncology

Kindly choose your preferred examination **during the CIRSE 2011 congress in Munich:**

**EBIR in German Language**

Deadline for submission of accompanying material:  
June 3, 2011

**EBIR in English Language**

Deadline for submission of accompanying material:  
June 3, 2011

## Payment mode for the €500 EBIR registration fee (please choose)

**Bank Transfer**

IBAN: AT902011128319230800  
BIC: GIBAATWW  
Bank Name: Die ERSTE Bank (20111)  
Account Name: CIRSE  
Please indicate: First Name, Last Name, Course

Please note that registrants are responsible for any bank charges that may occur.  
If the amount transferred to the CIRSE Foundation account does not correspond to the amount stated on the registration form, your registration will be regarded as incomplete.  
Please note that your registration becomes valid only after receipt of payment before the applicable deadline and after confirmation by the CIRSE Central Office.

**Credit Card**

Visa       Euro / MasterCard

Credit Card no.: ..... / ..... / ..... CVC Security Number.: .....

Expiry Date: ..... / .....

Card holder's name: ..... Card holder's signature: .....

I herewith confirm complying with the entry criteria for the EBIR examination as outlined on the CIRSE website. I understand that if I do not provide proof of fulfilling these criteria until June 3, 2011, to the CIRSE Office my registration will be cancelled without refund of the registration fee of €500.

Date: ..... Signature: .....