

## Registration for Membership

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Title  Miss  Mrs  Mr

First Name .....

Last Name .....

Company / Institute .....

Address .....

Zip .....

Town .....

Country .....

Telephone .....

Fax .....

E-Mail .....

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For the improvement of the work of eurostar-science, you are kindly asked to fill out the following fields (voluntary):

My current scope of work .....

My special interests .....

My expectations from *eurostar-science* .....

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Payment of the annual fee of € 30,- by:

Credit Card  AmEx  Visa  EC/MC  Diners

Card Number ..... Valid thru .....

Name as written on card .....

Bank transfer

PA bill will be sent within 3 weeks

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Date

Signature

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Please send this sheet by fax to ++41 61 303 8662  
or by mail to Dr. Erwin Marti · Im Langen Loh 181 · CH-4054 Basel · Switzerland  
Thank you.