**Please complete the following details and return the form to** **ehtg@integrity-events.com****. The EHTG secretariat will then email you an invoice in order to complete payment for your membership.**

**Personal Details**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Institution |  |
| Email address |  |

**Membership fee**

|  |  |  |
| --- | --- | --- |
| **Membership type** | **Cost** | **Quantity** |
| Full membership | €100.00 |  |
| Lab people, epidemiologist, non-physicians | €50.00 |  |
| Trainee/nurses/genetic counsellor/patient representative | €25.00 |  |
| Online only\* (no discounted rates for conference) | €60.00 |  |

\* online only membership gives access to the member-only resources on the EHTG website but does not give access to reduced conference rates.

**Specialisms**

|  |  |
| --- | --- |
|  | Please tick all that apply |
| Database/IT |  |
| Gastroenterology |  |
| Genetic Counselling |  |
| Medical Genetics |  |
| Medical Oncology |  |
| Molecular Genetics |  |
| Molecular Oncology |  |
| Nursing |  |
| Pathology |  |
| Registry co-ordination |  |
| Research |  |
| Surgery |  |
| Other |  |

**Invoice details**

|  |  |
| --- | --- |
| Address |  |
| City |  |
| Postcode/zip code |  |
| Country |  |
| VAT Number (if applicable) |  |
| PO Number (if applicable) |  |