



ESTES Endorsement Application Form

Institution: _____

Representative: _____

Address: _____

Place: _____ ZIP code: _____

Country: _____

Tel: _____ Fax: _____

We wish to apply for ESTES endorsement of the following event:

Title of the meeting: _____

Date: _____

Place: _____

Homepage: _____

Language: _____

Information and registration:

Please confirm the below requirements by ticking the boxes:

- A reduced fee will be provided to ESTES members.
- An ESTES booth will be provided at no cost, if requested by ESTES
- ESTES posters and membership forms will be presented and/or distributed during the event, if requested by ESTES

After approval, the above meeting will be published in the ESTES News of the European Journal of Trauma and Emergency Surgery and in the event calendar on the ESTES website.

Name: _____ Date: _____

Signature: _____

Administrative office:

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