

## ENDORSEMENT APPLICATION FORM

Institution: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Place: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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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:**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

