

MAKE A DONATION – MAKE A DIFFERENCE
EUROPEAN SOCIETY OF EMERGENCY RADIOLOGY
ESER Research & Education Fund

Dear Colleagues,
Dear Friends!

Emergency radiology is today one of the fastest growing fields in radiology, with reported exponential annual increases of 16% and a doubling time for imaging studies of only 4.7 years. As a result, emergency radiological imaging comprises a significant portion of any radiologic practice. The knowledge required for image interpretation is complex and is getting more and more specific. With its meetings, ESER aims to fulfil the ever growing needs of emergency imaging training.

Your contribution makes a difference by funding the ESER R&E Fund, which will:

- Improve emergency radiology patient care
- Help to develop emergency radiology in Europe – a young and fast growing field in modern radiology
- Improve teaching and education in emergency radiology
- Support international exchange, research and education and publish emergency radiology findings in Europe
- Support pilot studies
- Support the development of educational tools

Yes, I want to invest in the future of ESER!

We kindly ask you to complete the requested data below and return the document to the ESER Office either via email (office@eser-society.org) or fax (+43 1 533 40 64 445).

Personal Details (please write in CAPITAL LETTERS)

Gender:	<input type="checkbox"/> female	<input type="checkbox"/> male	Title*:	_____
First name*:	_____	Last name*:	_____	
Street*:	_____	ZIP*:	_____	
City*:	_____	Country*:	_____	
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		(dd/mm/yyyy)		

Required information is marked with an asterisk*.

Donation Details

- Silver Donation (EUR 150,00)
- Gold Donation (EUR 300,00)
- Platinum Donation (EUR 1.000,00 or more) _____
- Institutional Donation (EUR 6.000,00 or more) _____

Donors of EUR 1.000,00 and more will be invited to the ESER Annual Scientific Meeting in the current calendar year.

Payment

- Credit card

I herewith authorise ESER to charge my credit card with the above indicated donation fee.

Credit card type*: Master/Eurocard Visa

Credit card number*: _____

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Card holder's name*: _____

- Bank transfer

I will pay the ESER donation fee as indicated above by bank transfer to:

Account holder: ESER – European Society of Emergency Radiology
Bank code: 20111
Account number: 29738330800
IBAN: AT422011129738330800
BIC/SWIFT: GIBAATWWXXX

Please do not forget to indicate your full name on bank transfer documents for identification purposes.

ESER will provide you with an individual invoice which will make your payment tax deductible in most European countries.

Date:

Signature:
