

Fellow Registration Form

PERSONAL DATA

Title	Last Name	First Name	Middle Initial
Address for Correspondence		Contact Details	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		Home	_____
		Office	_____
		Fax	_____
		Mobile	_____
		e-mail	_____

VAT Number (*EU Citizens only*) _____

For VAT exemption, EU citizens please provide us with your University/Organisation's VAT number

I hereby register as an EMAB _____

Signature **Date**/...../.....

Please return by e-mail to EMRBI Fellowships Office at fellows@emrbi.com (CC: submissions@emrbi.org and admin@emrbi.org):

1. A signed copy of this registration form
2. A scanned copy of your annual fees payment

METHOD OF PAYMENT

Bank Transfer:

Total amount: €.....

Please instruct your bank that EMRBI will need to receive clear and net in its bank account the full amount of the invoice, so all bank charges should be paid and covered by the payee.

Note: You are kindly requested to specify your full name at your bank's transfer form in order to confirm your payment and email/fax us a copy of it as soon as the payment is being transferred.

Bank Transfer details:

Societe Generale Bank - Cyprus

Address: 20 Agias Paraskevis street, 2002 Strovolos, Nicosia, Cyprus

P.O. BOX: 25400, 1309 Nicosia, Cyprus

Beneficiary:

EuroMed Research Business Institute, P.O.BOX 17516, 2435 Engomi

BIC: SOGECY2N

IBAN: CY28 0120 00034 00136 0060829 014



In the European Zone please choose the SEPA option.

Note: You are kindly requested to specify your full name at your bank's transfer form in order to confirm your payment and email/fax us a copy of it as soon as the payment is being transferred. Also note that all bank charges should be paid and covered by the payee before the remittance is made.

For any questions please contact admin@emrbi.org