

APPLICATION FORM ESU Boot Camp

Please return this form and enclosures to:
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The Netherlands
Phone: +31 26 389 0680
E-mail: esu@uroweb.org



Applicant:

Name: Phone:
Position: Email:
Address:
City:
Country:

Local Course Director:

Name: Phone:
Position: Email:
Address:
City:
Country:

Have you participated in or observed any ESU Urology Boot Camp? yes / no

Event organiser / association:

Name:
Address:
Website:

Proposed venue:

Address:
City:
Country:
Language:

Proposed dates

First choice:
Second choice:

Is there any financial support identified? yes / no

Is there any support identified in terms of equipment? yes / no

Is there any scientific endorsement identified? yes / no

SIGNATURE

DATE