

Registration form CME Dispuut

- The personal information that is known at the CME Dispuut is the correct information.
- I am a new member, or my personal information has been changed since my first registration.

CME Dispuut
Room 3.53
Postbus 5048
2600 GA Delft

Phone: 015-2785012
www: www.cmedispuut.nl
@: info@cmedispuut.nl

Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
Zip/Postal code:	<input type="text"/>
Country of origin:	<input type="text"/>

First year of CME subscription:	<input type="text"/>
Bachelor degree:	<input type="text"/>
Student number (at TU Delft):	<input type="text"/>

Home phone:	<input type="text"/>
Cell phone:	<input type="text"/>
Birthday:	<input type="text"/>
E-mail address	<input type="text"/>

- Do you want to take part in a committee: yes no
- Do you want to receive the CME Newsflash: yes no
- What is your gender: male female

By signing this registration form, I accept that my information can be used for CME Dispuut purpose only. And the e-mail address I have stated is the address I would like to receive the invitation and agenda for the general meeting of members on.

Date: _____ Signature: _____

Please hand in this registration form at the CME room!