



## Request for Membership : Student Member

I, undersigned :

Name : .....

Firstname : .....

Address : .....

Postal code:..... Town:.....

Téléphone : .....

Email : .....

Student in orthodontics speciality at the faculty of:.....

Your current year of DES-ODF.....□

(please join a photo of your current student card)

Request for registration at the CEO as a student Member.

Annual Fee (subscription at the International Orthodontics journal included): **190€**.

This status allows you general access at the Spring Congress to conferences, breaks, lunches and evenings at the preferential flat fee depending on each congress ( for further informations see our website CEOrtho.fr)

Membership request forms are to be sent by postal mail with your cheque payable *at the order of « CEO »*

Dr Marie-Pierre Sache

10 rue de la Belle Feuille

92100 Boulogne Billancourt

Domiciliation du CEO: 2 rue Gaston Rebuffat 75010 PARIS