

# European College of Orthodontics (CEO)

## Request for Membership : STUDENT Member

**I, the undersigned:** *(please fill in the following lines in capital letters)*

Name : .....

Firstname: .....

Address : .....

.....

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

Telephone : ..... Mobile phone : .....

E mail : .....

- Student in orthodontics specialty at the Faculty of .....

Your current year of Cecsmo or DES-ODF .....

(please join a photo of your current student card)

### **Request for registration at the C.E.O. as a Student Member**

**Annual Fee (subscription at the International Orthodontics journal included) : 150 €.**

**This status allows you general access at the Spring Congress to conferences, breaks, lunches and evenings at the preferential flat fee of 160 €**

Membership request forms are to be sent by postal mail with your cheque payable at the order of 'C.E.O.' :

Docteur Camille MELKI  
37 rue des longs près  
92100 Boulogne

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***The students who have validated their affiliation will get their registration fee offered for the following Congress.***

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