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+43 1 533 40 64-448 or by e-mail to esor@myesr.org

ESOR Office

European Society of Radiology
Am Gestade 1 | 1010 Vienna AUSTRIA
Phone: +43-1-533 40 64-521
Fax: +43-1-533 40 64-448
esor@myesr.org | myESR.org/esor

ZVR: 083757049
VAT: ATU65092507

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March 2019 - March 2020

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is in his/her _____ year of residence training at my department/hospital.

This document is issued for the purpose of applying for an ESOR training programme in 2019.

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Full name and signature
by head of department or hospital

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