

WITHDRAWAL FORM

The provided sample form can be used to exercise the withdrawal right for consumers. However, it's not obligatory to use this form; you may opt for any other form to exercise the right

ESR PREMIUM EDUCATION PACKAGE

To:
**Europäische Gesellschaft für Radiologie European
Society of Radiology (ESR) e.V.**
Am Gestade 1, 1010 Vienna
Austria
E-mail: registration@myesr.org

I hereby revoke the contract for the purchase of access to the 'ESR Premium Education Package '.

Contract concluded on (date):

First name:

Last name:

Street:

ZIP:

City:

Country:

Signature of the consumer

Date