

## WITHDRAWAL FORM

The following sample form can be used to exercise the Withdrawal Right for consumers (but not necessarily, you may use any other form in order to exercise the right).



To:  
European Society of Radiology (ESR)  
Am Gestade 1, 1010 Vienna  
Austria  
E-mail: [registration@myesr.org](mailto:registration@myesr.org)

I hereby revoke the contract concluded by me for the purchase of the access to “**ECR 2025, February 26 - March 02, 2025**”.

Contract concluded on (date):

First name:

Last name:

Street:

ZIP:

City:

Country:

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Signature of the consumer

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Date