



Registration - Membership - BBC

PLEASE RETURN THIS FORM BY EMAIL TO secretariat@bbcbonehealth.org

PERSONAL INFORMATION

Please fill in CAPITAL letters

Title: Last Name: First Name:

Affiliation and Function:

Speciality:

Home Address:
(Not University or Institution)

ZIP Code: City: State:

Country:

Mobile:

E-mail:

INAMI/RIZIV Number:

**Please make sure to double-check that your details are well written and complete.
Please make sure that all the fields are duly completed.**