



The place of ESGE in the world community of endoscopy

Dear colleagues,

As President, I would like to begin by reminding you all of the bylaws that define the ambitious mission assigned by Professor M.-A. Bruhat to the European Society on the occasion of its foundation.

Article II

Mission of the Society

■ ESGE is a non-profit organisation contributing to the research, education and training of gynaecological surgery, endoscopy, imaging and allied techniques by creating an open European platform of individual professionals dedicated to this objective and being the authority responsible for recognition of gynaecological surgery, endoscopy, imaging and allied techniques in Europe.

More specifically the Society tries to reach these objectives by the following means:

■ *Education and training:*

- Organising congresses, workshops and training courses on the field of gynaecological surgery, endoscopy, imaging and allied techniques
- Leading Europe in clinical and scientific education in gynaecological endoscopy and providing standards and supervision for certified training
- Setting independently multi-professional standards of care for gynaecological surgery, endoscopy, imaging and allied techniques

■ *Research:*

- Promoting communication with scientific and professional organisations throughout Europe and worldwide
- Integrating clinical and basic research into the educational, training and collaborative activities of the society
- Facilitating publication of scientific data regarding gynaecological surgery, endoscopy, imaging and allied techniques.

During more than 10 years the European Society has worked hard to achieve its objectives and, thus, it has contributed importantly to the development and the recognition of endoscopy.

Today, the ESGE has reached its maturity. Endoscopy and vaginal surgery are the pillars of a modern gynaecological surgery; which should enlarge its focus of interest to all minimally invasive imaging and allied techniques, as shown excellently in the new journal of the Society.

For instance, ESGE has to initiate or consolidate the relations with the various societies of sub-specialties (dedicated to a limited field of surgery): ICS, IUGA, ESRHE, ESCO etc. A special effort is made presently for a collaboration with these Societies especially concerning congresses.



Regarding the International Societies, ISGE and AAGL for example, their role is complementary and explained by their geographical definition. Thus, the ISGE addresses itself above all to countries outside Europe and the AAGL to America.

The advantages of the ESGE for the European endoscopists are obviously, besides its special qualities, the proximity of contact and the lower costs of transfer.

The Junior Section will be created in Athens in October to improving the access of the younger members to the best possible education.

In order to fulfill its new objectives the Society had to reinforce its administrative level by engaging Mr. Peter Erard. He is the administrative co-ordinator of the ESGE and the three sections that were created:

1. The journal *Gynecological Surgery, Endoscopy and Allied Techniques* The journal forms an ideal platform for all those members who would like to publish the results of their research. It was created and is expertly led by Professors P. O'Donovan and D. Wallwiener.

2. Congress

A special section has also been created to assuring a continuity on the formal and scientific level. This section is led by Professors J. Dequesne, co-ordinator, and R. De Wilde, scientific chairman. This new structure enables the local organisers to avoid the costs and all the administrative work, so they can have a major input into the scientific programme by presenting the work of the best specialists of their countries on the occasion of the congress.

3. Education & training

The responsibility has been given to Doctor R. Campo, to whom I give the word.

The future of endoscopy in gynaecology will depend on the availability of standardised and scientifically validated training programmes.

One of the preponderant roles of the ESGE is to provide the professional community with those standards. Especially to achieve this goal the ESGE has created a special section, called the European Academy, which dedicates its activities exclusively to science, education, training and accreditation.

The current running project is called "Proving the construct validity and defining the cut-off levels for a new structured and comprehensive pre-clinical training program in laparoscopic surgery" or, for short, "Skills evaluation tests for laparoscopic surgery". It aims to elaborate a scientifically validated method to evaluate the specific endoscopic skills of a surgeon. This project obviously will be developed in different stages. It demands the active co-operation of the already established training centres, of the national societies, and of industry and a constructive collaboration with the international societies.

The recommendations should be based on the best possible scientific evidence and should be transmitted in an appropriate way to all European residents, postgraduate gynaecologists and the scientific communities

Nevertheless, despite its progress, the ESGE as well as Europe is still defining its role and meets difficulties. Therefore, I would like to ask you, dear members, to criticise our work constructively and in this way help us to establish the limits and the function of *your* European Society within the world of endoscopy.

With kind regards,

Prof. J. Dequesne
President

P.S. I would like to thank all those who have given their time and energy to the ESGE in addition to their daily work in medicine.

Interview with Dr. Prashant Mangeshkar, Bombay

by Professor K.J. Neis

Dear friend,

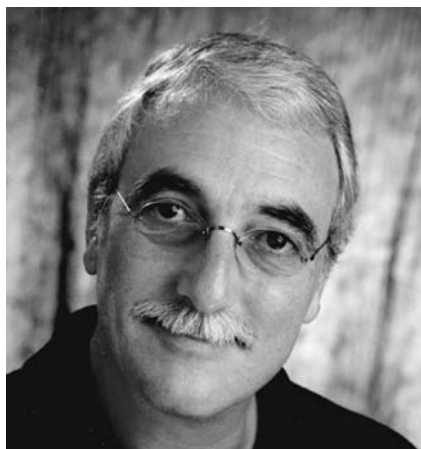
1.) *May I ask you at first to tell us some personal things:*

- *Where is your place of birth?*
- *Where did you grow up?*
- *Where did you study?*
- *Where did you start your education?*

I was born and grew up in Mumbai. I studied at St Xavier's High School Mumbai and went through college, including medical school, in Mumbai at the Seth GS Medical College and King Edward Memorial Hospital Mumbai.

2.) *What were the reasons for you to come to laparoscopy and hysteroscopy? And what fascinated you especially about these techniques?*

Born to doctor parents, my father being a renowned gynaecologist, it was but natural that I would follow his



footsteps. As a matter of fact, I performed my first abdominal hysterectomy operation even before I entered medical school.

Laparoscopy and subsequent hysterectomy were taught to us in India mainly for diagnostic purposes as resident doctors. It was during my two-year stint at the University of Kiel, Germany that I became enthralled with the magic of Kurt Semm and his philosophy of pelviscopy. That was the time in 1985-86 that I really became fascinated by endoscopic surgery.

3.) *Where did you put the main focus on, in the clinical and scientific field?*

Beginning in Kiel in 1985 under the tutelage of Prof. Semm and Liselotte Mettler, I focussed on laparoscopic surgery both from the technique point of view but also with the idea of developing instruments for the same.

4.) *Your mission has led you throughout the world. I am sure you have got to know lots of fascinating personalities. Who were the persons who impressed you the most and who maybe also took some influence on your way of life?*

Liselotte Mettler: for her principles and determination – the lady with an iron hand, a focussed mind and a soft heart

Harry Reich: for his cowboy daredevil attitude – he revolutionised laparoscopic surgery in gynaecology

Maurice Bruhat: For the legacy that he created in the form of his endoscopic team who in their own right are luminaries

Kurt Semm: For the method in his madness that only a few understood

Joerg Keckstein: whose corinthian fingers weave magic in laparoscopic surgery like Mozart did with music. His humbleness in spite of his status as one of the greatest surgeons is undisputed. A great maestro, lots to learn from him

And the list could continue..

5.) *In India you are a very active endoscopist. In your opinion: what is the status of operative hysteroscopy and laparoscopy in India? Is it daily routine or are there only some specialists offering these techniques locally?*

Only a handful doing advanced techniques and many dabbling in some procedures.

6.) *You are working together with European Training Centers for teaching hysteroscopy and laparoscopy. Would you please tell us something about your work and activities there?*

I have been associated with:

Kiel School of Gynecological Endoscopy and Giessen School of Gynecological Endoscopy and earlier with Bielefeld running courses entitled “Indo-German

Training Course in Gynecological Endoscopic Surgery" which are dedicated 2-week courses for doctors from India who travel annually as a group to be trained in basic as well as advanced endoscopic procedures. I have been doing this for 12 years, since it was conceptualised by Prof Dr. Hans Tinneberg and myself in Bielefeld in 1992. Since then we have done 12 courses and are planning our next already for 2006. This is the only kind in the world which is concise precise (German precision natürlich) and has a number of experts from Germany contributing to this event.

Currently, I am also a visiting expert in gynecological endoscopy at the IRCAD/EITS Gynecology Wing under the chairmanship of Arnaud Wattiez.

Earlier, I used to teach on courses in London, UK, at the Royal Free Hospital (Prof Adam Magos) and Royal London Hospital (Dr. Adrian Lower).

7.) *Can you imagine in how far India could co-operate with the ESGE?*

It is my dream. As the current President of the Indian Association of Gynecological Endoscopy, I seek cooperation with the ESGE for academic activities in the form of clinical activities and congresses so that there can be an exchange of ideas between the members and also the possibility of exchange programs and fellowships for young gynecologists to travel to different training centers in Europe and India and get focussed on gyn endoscopy.

8.) *Given all of your international activities, do you also have some spare time? And how do you use it?*

Time is what we make of it...I love to travel, teach and also see the world...stop and appreciate nature in all its beauty and meet people and interact with them. Time is short, only 24 hours in a day and only one lifetime, so make the most of it.

Dr. Mangeshkar, we thank you very much for this interview and wish you all the best for the future.

Franklin D. Loffer: His Lifework and Merits

Frank Loffer is a scholar and a gentleman! Presently, he is the medical director of the AAGL, a post he assumed in 1998, and is Co-Managing Editor of the journal of the AAGL since 2000. He lists that he has been a member of AAGL since 1971, so he must have been a founding member. He was president in 1986

He has been my friend and colleague since my first presentations at AAGL in 1985, even though he relegated my paper on the first series of oophorectomies using bipolar desiccation to abstract status in the *Journal of Reproductive Medicine*. Since then, we have participated together at many congresses around the world. Presently we are the only US honorary members of the European Society for Gynaecological Endoscopy.



Acting internationally with minimal invasive techniques

Frank was all around the USA early in his career. After gaining his M.D. from Stanford, he did an internship in Philadelphia, and an obstetrics & gynecology residency in Minnesota and the US Army in Texas before settling in Arizona to practice his profession. He was President of the Phoenix Ob/Gyn Society in 1980-81 and on the Board of Directors of the Arizona Medical Association from 1981 to 1998. He is a Clinical Associate Professor in the Department of Obstetrics and Gynecology at the University of Arizona, Tucson.

While Frank is internationally known as a hysteroscopist, it should be known that he was an early pioneering teacher for gynecologic laparoscopy. Frank taught a laparoscopic course for over 500 practicing physicians from 1972 to 1982. These participants had actual hands-on training on patients undergoing sterilization. Frank organized the first course ever given in the use of Nd:YAG laser. Later he gave the first course in the use of the hysteroscopic resectoscope.

Frank is the author of 55 peer-reviewed papers, primarily in the area of gynecologic endoscopy. He has authored 17 chapters. Frank has lectured frequently in the United States and throughout the world and has demonstrated endoscopic surgical procedures in 11 foreign countries.

What about his merit? Franklin D. Loffer has been with the AAGL since its inception in 1971, as a society promoting tubal ligation. Advanced laparoscopic surgery made its debut at the 1985 meeting. Both Jordan Phillips and Frank worked hard to promote and support these advanced surgical endeavors that sought to replace laparotomy for most gynecologic operations. Today Frank deals with a much different AAGL dealing with a multitude of woman's issues besides laparoscopy versus laparotomy. That is his merit! Being able to work with so many different personalities with varying surgical skills on the AAGL presidential track and making them into a cohesive force to improve health care for women.

Dutch Society for Gynaecological Endoscopy and Minimal Invasive Surgery (WGE)

(WGE = Werkgroep Gynaecologische Endoscopie en Minimaal Invasieve Chirurgie)

Introduction

The WGE is a subdivision of the Dutch Society of Obstetrics and Gynaecology (NVOG = Nederlandse Vereniging voor Obstetrie en Gynaecologie), in which its official status is that of a working party on the subjects in the title, and was founded in 1994.

In 2004 the working party for ultrasound in obstetrics and gynaecology, which was dominated by the obstetricians, merged with the subdivision of prenatal diagnosis. Gynaecological ultrasound therefore became an “orphan” and was adopted by the WGE to be included in the field of interest of the society.

Currently the WGE has over 200 members.

Obstetrics and gynaecology consultants in non-university hospitals in the Netherlands usually work together in a partnership. Depending on the size of the group each member covers his/her share of all areas of the specialty by choosing one or more fields of interest. In principle this allows the society to very rapidly reach the vast majority of gynaecologists in the Netherlands.

The WGE works together with ultrasound technicians and operating room personnel, and individuals from these disciplines can become members of our society. Depending on the the topics discussed, their presence is highly valued and encouraged at the various meetings.

Objectives

Promotion of the fields mentioned above and dissemination of the knowledge on and interest in these areas. The society aims at achieving these goals by:

- Organizing scientific meetings
- Stimulating contacts and cooperation with other organizations and persons, of whom the objectives and/or activities are of interest for the society
- Stimulating and coordinating scientific research
- Organizing and/or participating in postgraduate courses
- Participating in education of residents in obstetrics and gynaecology
- Planning and organizing consensus meetings and developing guidelines
- Advising the NVOG in management and other matters concerning gynaecological endoscopy, minimal invasive surgery and gynaecological ultrasound.

Concrete activities

1. Education and courses

a. Exclusively for residents:

- Yearly basic course surgical techniques, including endoscopy
- Hysteroscopy:
A 2-day yearly course: basic and advanced knowledge on diagnosis and therapy. Faculty with maximal nationwide representation.
- Laparoscopy:
 - Central basic course
 - Advanced course in alternating teaching hospitals

WGE representation safeguards uniformity and broad national faculty.

b. Exclusively for gynaecologists:

- “Teach the teachers” hysteroscopy course. Specific course on the best ways to teach hysteroscopy to residents.
- Yearly advanced pelvic floor and uterine surgery course.

c. For residents and gynaecologists:

- One-stop menstrual clinic course: diagnosis and therapy of abnormal uterine bleeding, twice a year, theory, practice, live sessions.
- Ambulatory endoscopy course, yearly. See and treat in ambulatory setting.
- Practical course adnexal surgery, yearly.
- Operative laparoscopy course, yearly, with animal lab.
- SIS course, 6 times a year.
- Pelvitrainer project:
A theoretical and practical laparoscopy course on site for consultants, residents and OR personnel. The small-scale nature of the project, the low threshold of the participants’ own clinic and tailoring of the themes to the local situation all contribute to the great success of this project.
- Ultrasound course: gynaecologists, residents, ultrasound technicians.
- Video in PowerPoint course, twice a year.
Pinnacle Studio Video editing for presentations, explanation on compression formats, editing techniques and software, storage etc.

d. Science and research:

- Symposium: yearly, alternating themes.
- Rotating WGE sessions in the national NVOG congress.
- NTOG: Dutch journal of obstetrics and gynaecology, in which alternating with other working parties a whole issue of the journal is dedicated to the WGE field of interest.
- Online journal: partly under construction.
- Round table conference: current and intended research is discussed or new projects are initiated.

- e. Consensus meetings and development of guidelines:
A yearly 2-day brainstorm expert meeting with broad national representation combined with a pleasant social touch.
- f. Websites:
 - www.nvog.nl: mainly limited to NVOG members, Dutch language only
 - www.wge.nl: under construction: gynaecological endoscopy, minimally invasive gynaecological surgery and gynaecological ultrasound. Dutch, English and French.
- g. Member meetings
- h. Board meetings
- i. Consultation with NVOG board
- j. Various:
 - Quality assessment:
 - Quality statement 1996: quality criteria for training centers and teaching hospitals
 - Quality requirements for instruments and infrastructure
 - Cooperation with other disciplines: operating room nurses, ultrasound technicians, hospital technicians

Conclusion

This list obviously does not reflect the actual enthusiasm of the members or the nature of problems we encounter in our country in the field of endoscopy.

As far as international contacts are concerned we are now in the process of seeking ways to work closer together with our Flemish colleagues in Belgium, which is a logical step, since we share the same language.

As for the ESGE we are very happy with the great effort that has been put into further improvement towards a really professional organization. The results are visible and tangible.

We look forward to welcoming the annual congress to our country in 2008!

The 14th Annual Congress of the European Society for Gynaecological Endoscopy(ESGE)



6—8 October 2005, Athens, Greece

Advanced Minimal Invasive Surgery in the Theatre and in the Office

Distinguished Guests and Colleagues,

As president of the Organizing Committee of the 14th Annual Congress of ESGE, I will have the great pleasure and honour to welcome you all in Athens in the forthcoming autumn. From the 6th to the 8th of October, at the Athens Hilton Hotel, we will have the chance to meet with eminence representatives of gynaecological endoscopy, through a variety of activities, including plenary sessions, “state of the art” lectures, poster presentations, free communication sessions, educational sessions and live demonstrations.

During the three days of the congress, the series of topics will cover all the areas of modern gynaecological endoscopy: the top issue to be presented has the intriguing title “Advanced minimal invasive surgery: in the theatre and in the office”, as it is more than clear that modern endoscopy tends to be performed in accordance with the patient’s best interest in terms of health protection, duration of recovery period and financial burden. Furthermore, new techniques and technologies will be introduced, the latest data on the impact of endoscopic procedures on reproductive surgery, contraception and infertility will be presented, and the role of fetoscopy and embryoscopy will be fully



investigated. Ablative techniques, like transcervical resectoscopy, will be debated in detail. Also, classic themes in oncology, urogynaecology, imaging, hysterectomy, myomas and fibromas, endometriosis and adhesions will meet their modern expansions. In this way, the prospect of the new century in our specialty will be presented thoroughly.

All the previous congresses of ESGE met their objectives on scientific success, therefore the standards are high for this organizing committee too; nevertheless, we are confident that the Athens Congress will guarantee another success in so many ways: the invited speakers lead their field of expertise, the contribution and cooperation of both the Hellenic Society for Gynaecological Endoscopy and the Hellenic Society of Operative Hysteroscopy and Laparoscopy in Gynaecology has been superb, the conference venue at the Athens Hilton offers a clearly structured and fully equipped accommodation to the congress organization and, of course, the Olympic city of Athens is always ready to offer its hospitality and charm, as well as the centuries of its ongoing existence, to all the participants. Don't forget, only a year ago, the best Olympic Games ever were held here!

The reasons mentioned above support my strong belief that there couldn't be a more appropriate time and place for ESGE to launch its new organization, "The European Academy of Gynaecological Endoscopy" (EAGE). It will be a valuable instrument for the improvement of science, education, training and accreditation of the specialty we are all dedicated to.

Fully aware of your high expectations, I urge you to participate in a memorable Congress.

With my best regards,

Minas Paschopoulos
President of the Organizing Committee

Endovision: The Villach Model for a School of Endoscopy

The appointment of Prof. Jörg Keckstein as head of the Department of Obstetrics and Gynaecology at Villach District General Hospital ushered in a period of development which saw this department become a centre for endoscopic surgery in gynaecology. Prof. Keckstein's underlying philosophy has teamwork at its heart – the more gynaecological endoscopy is understood as the joint task of a whole team, the better it functions. The team includes not only the surgeons but also the operating room staff and technicians. As for the surgeons, the operation is not dominated by the principal operator; the assistants play a very active role in the surgery. Prof. Keckstein has developed the "all-hands concept", in which all available hands are actively involved in the surgical process.

Naturally it took a few years for this concept to become established in our department. Then, however, the

time had come to think about how best to disseminate our ideas, particularly since even then the department was frequently visited by gynaecologists from other hospitals. Prof. Keckstein had the vision of passing on our knowledge by means of surgical courses. Our first programme comprised two courses: one for surgeons and specialised operating room personnel, the other for operating room assistants. Even then, the whole staff of the gynaecological operating suite were involved. The course for doctors embraced specific exercises on the Pelvitrainer, using bovine internal genital organs in order to be able to practise on real tissues. Furthermore, a central part of the course from the outset was hands-on experience – each participant had the opportunity to spend two days in the operating room assisting with endoscopic surgical procedures.

After holding several such courses we realised that we were repeatedly running up against the same serious problem: many course participants, who were taking a direct part in real operations, did not have a sufficient command of the basic skills essential for pelviscopy. These include camera handling, stereotaxy, synergy between principal surgeon and assistants, "surgical tactics", and handling of the various instruments.

These observations led us to recast our course programme to allow structured, gradual training. The result was the new Villach concept of endoscopic surgery in gynaecology. We gave our school the name Endovision. The new system continues to offer courses for surgeons and all operating room staff. The goal of the courses for doctors is to attract younger surgeons and newcomers to endoscopic surgery and introduce them to the material step by step. The programme is now divided into three course. The *basic course* conveys the basic skills mentioned above. The participants learn these skills on Pelvitrainers of our own construction and on wood and plastic models that we have also designed ourselves. The skills can thus be perfected with no danger to patients. We teach camera handling, stereotaxy, dissection techniques and suturing methods in video lectures but above all in practical exercises. It is astounding how quickly a certain level of skill can be attained.

The *intermediate course* is divided into two parts. On one hand, the participants practise on Pelvitrainers and on bovine internal genital organs. For part of the time they use high-frequency instruments. The second component of the course comprises two days as assistant surgeon in the operating room, working on selected cases. These include enucleation of myomas and of cysts, salpingectomies, adnexectomies and mild cases of endometriosis.

The *advanced course* is very intensive. Every participant stays in our department for a week and spends every day in the operating suite, working as assistant or, in certain operations, as principal surgeon under supervision.

This intensive system of courses only works with a small number of participants. Therefore, only 12 people can be trained each year.

In addition, in cooperation with the ESGE we offer hysteroscopy courses. The ESGE experts (Yves van Belle, Rudi Campo, Jürgen Hucke and so on) and their tried and tested team are invited to teach these courses under our roof in Villach.

Of course, further improvements and innovations are planned. Sooner or later we will offer an anatomy course in cooperation with an Austrian anatomical institute. On this course, gynaecologists will, under qualified supervision, spend several days dissecting female pelvises to refresh and deepen their knowledge of anatomy. Furthermore, we would like to offer our basic course as a single course, not only as part of a package with the intermediate and advanced courses. This would be designed for gynaecologists who only want to acquire basic knowledge of gynaecological endoscopy or who need such knowledge for their specialist training.

Altogether the Villach school of endoscopy is a dynamic and integrational model which is still developing. We are always on the lookout for new ways of promoting and improving the education of young gynaecologists. This vital process takes place, of course, in close cooperation with the ESGE.

Details available from www.endovision.at

K. Oberwinkler
J. Keckstein

Events organised by the ESGE

14th Annual Congress of the ESGE
Advanced Minimal Invasive Surgery: in the theatre and in the office
Athens, Greece, 6–8 October 2005
Info: esge@ctw-congress.de
www.ctw-congress.de/esge

ESGE organised events at the occasion of the
19th European Congress on Obstetrics and Gynaecology (EBCOG Congress)
Turin, Italy, 5–8 April 2006
Info: www.ebcog2006.it

1. ESGE Hand-on Training Session

Laparoscopic skill evaluation
Co-ordinator: R. Campo (B)
6–7 April 2006
Info: eage@esge.org

2. Special Symposium on Endoscopic Surgery

Current Place of Endoscopy in Gynaecological Surgery
In collaboration with: J. Dequesne (ESGE President)
Date to be confirmed
Info: centraloffice@esge.org

Events organised by National Societies or others

TVS/Hysteroscopy in the office
15 November 2005, (Tallaght Hospital, Dublin, Ireland)
Info: fkavanagh@rcsi.ie

Flemish Society of Obstetrics and Gynaecology (VVOG, Belgium)
National Congress
17–19 November 2005, (Gent, Belgium)
Info: vvog@online.be

AGE
2. Kongress des Forums Operative Gynäkologie (FOG)
17–19 November 2005, (Berlin, Germany)
Info: info@aakongress.de
www.aakongress.de

Turkish- Gynecologic Endoscopy Society
Congress of Reproductive Endocrinology, Endoscopy & Adolescent
Adana, Turkey, 18–20 November 2005
Info: kayli@globalturizm.com.tr
www.globalturizm.com.tr

Endoscopy Courses for Gynaecologists
25–26 November 2005, (Brussels, Belgium)
Information: donnez@gyne.ucl.ac.be

Laparoscopic Adnexectomy Course
19–20 January 2006, (Royal Victoria Hospital, Belfast, Ireland)
Info: david.hunter@royalhospitals.n-i.nhs.uk

Turkish- Gynecologic Endoscopy Society
Symposium & Workshop of Gynaecological Endoscopy
26–29 January 2006, (Bursa, Turkey)
Info: rezervasyon@burkon.com
www.uludagendoskopi.org

SEGI Annual Congress
The World Meeting on Gynecological Pelvic Pain and Endometriosis
10–14 May 2006, (Milan, Italy)
Info: info@milan2006.it
<http://www.milan2006.it>



European Society for Gynaecological Endoscopy

MEMBERSHIP FORM 2005

Join (or renew) the ESGE as a member for the year 2005 by completing and returning this form as mentioned below (full information on www.ESGE.org)

PERSONAL DETAILS

Last name (family name) :

First name :

Title :

Institute :

Department :

Street :

Postal code and city :

Country :

Email address :

PAYMENT SECTION (please tick the appropriate check-box):

Amount due in euro: If no amount is indicated, 100 euro will be charged

- ☐ Euro 30 Trainees (please prove by document)
☐ Euro 60 If you are a member of an ESGE Member National Endoscopic Society* from Croatia, Czech Rep., Slovenia, Sociedad Ibero-Americana, Turkey, Hungary, Poland, Russia (please prove by document)
☐ Euro 100 All other members

☐ Please charge my credit card : ☐ Eurocard/Mastercard ☐ VISA

Card N°: _____

Exp. date: _____

Name of Cardholder: _____

Signature: _____

☐ I enclose a certified bank cheque, payable to ESGE

☐ I will make a bank transfer in EURO to account N° (IBAN) BE74 3101 2633 4607 of the ESGE. Bank : ING, SWIFT code: BBRUBEBB (bank address: ING Belgium, Markt 5, B 3200 Aarschot, Belgium). No costs for the beneficiary

Please Fax/Send completed form to:
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Fax +32 2 582 55 15