



EDTNA/ERCA Publication

Caring together

Chronic Kidney Disease Stages 1-3: A Guide to Clinical Practice

Mailing Address

Prof. Dr. Mrs. Ms. Mr. Please enter your Member ID

Last Name: _____ First Name: _____
 Company: _____
 Address/Street: _____ No.: _____
 Postal Code: _____ Town: _____ Country: _____
 Phone: _____ Fax: _____
Email: _____

Preferred Language

English Spanish Greek Portuguese Czech Hebrew

Number of Copies **1 each language clicked above** **Price: 12 EURO / Copy and FREE for Members**

Other

Billing Address (if different from Mailing Address)

Last Name: _____ First Name: _____
 Company: _____
 Address/Street: _____ No.: _____
 Postal Code: _____ Town: _____ Country: _____
 Phone: _____ Fax: _____
Email: _____

Method of Payment used to transfer the Publication

Note: **Please pay when making your order. Publication will be sent to you upon receiving your payment.**
You will not receive an invoice unless requested.

- EDTNA/ERCA Bank Account no. 1660216 00. Commerzbank, Filiale Garmisch-Partenkirchen 700 400 41, Marienplatz 2a, D-82467 Garmisch-Partenkirchen, Germany.
IBAN DE17 7004 0041 0166 0216 00 Swift COBADEFFXXX (Please indicate your name on the payment order)
- EDTNA/ERCA Postal Account no. 12-22776-6 with the Swiss Post. (Please indicate your name on the payment order)
- VISA EUROCARD

Credit Card No.: _____ Expiry Date: _____ Card Verification No. (last 3 digits on back)

Cardholder's Name: _____

Cardholder's Signature:Date:.....

Data Protection

The information on this form will be stored in a computer and used exclusively for the internal use within the Association (correspondence, membership lists, etc.). Your signature on the form will be taken to signify your agreement to the inclusion of your details on the computer.

Date: **Signature:**

EDTNA/ERCA Secretariat
 Prague Congress Centre - 5. kvetna 65, 140 21 Praha 4, CZECH REPUBLIC
 Tel : +420 261 174 318 Fax : +420 261 174 318 E-mail : queries@edtnaerca.org
www.edtnaerca.org