

ECR 2026 | WITHDRAWAL FORM

VIENNA / AUSTRIA, MARCH 04 - 08, 2026

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

i hereby revoke the contract concluded by me for the purchase of the access to ECR 2026, March 04 - 08, 2026.

Contract concluded on (date):

First name:

Last name:

Street:

ZIP:

City:

Country:

I sincerely thank you for considering my request and look forward to your timely response.

Date:

Signature: