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# **M..S.C.P. – So.Me.Co.P.**

# **Mediterranean Society of Coloproctology**

## Société Méditerranéenne de Coloproctologie

 The purposes of the M.S.C.P. / So.Me.Co.P. are:

1.to gather into one Association all surgeons and physicians from Mediterranean countries who

 have a special interest in coloproctology

2.to encourage and to promote scientific and cultural exchanges among the above countries

3.to promote visits and to implement continuing education of doctors from the above countries.

 Particular interest shall be dedicated to surgical training and technological update

4.to establish a network of coloproctology units (at least one in each of the above countries) in

 close contact with each others, and each one acting in its own country as a reference point for

 local coloproctologists

5.to promote and organize a biennial international convention

6.to encourage the establishment of colorectal surgery as a specialty in all of the above countries.

 Medical doctors and scientists from all Mediterranean countries are eligible for Membership of the M.S.C.P. / So.Me.Co.P., which will consist of:

* Honorary Members
* Ordinary Members
* Associate Members (with special interest in coloproctology but without medical qualification)
* Candidates (physicians and surgeons during training-residency programs)

###  **Membership fee will include: - free entry to the Business Meetings and the biennial Congress**

 **- subscription to *Techniques in Coloproctology* (official journal)**

 **in “online” version (only for Ordinary Members)**

**website:** [**http://www.mscp-online.org**](http://www.mscp-online.org)

Application form for membership to:

**Mediterranean Society of Coloproctology**

## Société Méditerranéenne de Coloproctologie

(please in block letters)

Name………………………........................ Surname..........………………………................... Date of birth ……………

Address…………………………………................................Zip Code…………… City ……………………………….

Country………………….…………….. Phone.................…..…………………… Fax..………………………………...

E-mail………………………………….. …………………….Institution…………………………………………………

Qualification………………………………..…….... Specialty ………………………………………..............................

Scientific Publications n°……........

 □ SICCR Member □ ISCRS Member

 *Annual membership fees:*

 **Ordinary: € 100**

 **Candidate\*: € 50 SICCR / ISCRS Member\*\*: € 50**

*\* certificate of Institution is necessary*

*\*\* SICCR / ISCRS membership already includes subscription to Techniques in Coloproctology*

**I declare to have paid the annual membership fee of € ………............... for year 20….. with**

**a bank draft to: “M.S.C.P. – SOCIETA’ MEDITERRANEA DI COLONPROCTOLOGIA”**

 **c/c n° 1000/12952 c/o Banca Prossima – filiale 05000 – Milano (Italy)**

**IBAN: IT04Z0335901600100000012952 – BIC/SWIFT: BCITITMX**

# Date ……………… Signature……………………….........................

 Presenting member (not necessary)……………………………..

**Please print, complete, scan and send this form by e-mail to:**

**fabriziocimino@hotmail.com**