



ENEA

FORM FOR CHANGE IN CONTACT DETAILS

I wish to inform you of my recent / future change of address:

Name:

Address:

E-mail:

Phone: +

Fax: +

Date:

Signature:

PLEASE SEND THIS FORM TO THE SECRETARY:

Dr. L.J. Hofland, Erasmus Medical Center, Dept of Internal Medicine, Section of Endocrinology,
Room EE 585c, Dr. Molewaterplein 50, 3015 GE ROTTERDAM, THE NETHERLANDS.

Fax: 0031-10-463 5430. E-mail: secretary.enea@erasmusmc.nl