



2008 MEMBERSHIP UP-DATE FORM

Please return this document promptly to: **EHF Administrative Office**
– European Headache Federation –
c/o Kenes International, 1-3 rue de Chantepoulet, 1201 Geneva - Switzerland
Tel: + 41 22 906 91 54 - Fax: +41 22 732 28 52 - E-mail: info@ehf-org.org

Name of Society: _____

Country _____

SOCIETY MAILING ADDRESS:

Tel:

Fax:

Email:

Web Site:

Does your Society have a permanent secretariat? yes no

Address (if different from above) _____

SOCIETY OFFICERS

PRESIDENT:

Contact details (Address, email, tel. and fax numbers, if different from Society):

SECRETARY GENERAL:

Contact details (Address, email, tel. and fax numbers, if different from Society):

PAST PRESIDENT:

OTHER OFFICERS:

(with emails only)

DATES OF TERM OF OFFICERS ABOVE: from _____ to _____

Period of the year of election of your Society's officers _____

YOUR ASSOCIATION

a) **Number of members on January 1, 2008** _____

b) **Qualification required for membership** _____

c) **Official Journal** _____
Editor _____

d) **Activities:**

Annual/Biennial Congress yes no

Date (or period of the year) _____

Name of the Meeting: _____

Meeting Secretariat - e mail _____

- website _____

Teaching Courses yes no

Details: _____

EHF REPRESENTATIVE 2008 - 2010:

Contact details (Address, e-mail , tel. and fax numbers, if different from Society):

Date and place

President of the Society