

FORM OF INSCRIPTION **TO THE E.A.M.H.M.S.**

Company :

Name : First name :

Address :

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Email :

URL : http://

Would you like to :

- Join the E.A.M.H.M.S.
- Receive a complete documentation about the E.A.M.H.M.S `activities
- Receive the last bulletin of the E.A.M.H.M.S

Do you have questions or observations ? :

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Return to :

**Musée d'Histoire de la Médecine de Paris
Secrétariat de l'AEMHSM
12, rue de l'Ecole de Médecine
75006 Paris**

www.aemhsm.org