



European Society of  
Anaesthesiology and  
Intensive Care



**Important:** The Host must ensure that **one group payment** will be organized upon receipt of the ESAIC invoice. ONCE AN INVOICE  
Candidates who were registered during group registrations by their Host Centre should not make individual payments and should not  
No additional candidate can be accepted after the registration deadline and candidates cancelling after the application deadline can  
For exam related items no VAT is charged.  
Payment for group registration is by CreditCard, PayPal or bank transfer. More information will be communicated in the confirmation

## PART I GROUP REGISTRATION FORM 2023

If you would like to register your candidates as a group for the Part I examination, please follow the instructions below:

Please fill in the data of your company: **PLEASE NOTE THAT THE BELOW INFORMATION WILL BE USED FOR INVOICING PURPOSES**

The **Contact person** must have an account on our member and customer portal, myESAIC.

To create a myESAIC account or to log in to your account [click here](#).

*Contact Name	
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The name of the contact person in the form must be the same as in

<b>*Contact Email</b>	
<b>*Contact ESAIC ID</b>	
<b>*Name of Society / Company /Hospital</b>	
<b>*Street</b>	
<b>*Street Number</b>	
<b>*Postal Code</b>	
<b>*City</b>	
<b>*State (if applicable)</b>	
<b>*Country</b>	
<b>Vat No.</b>	
<b>*Phone</b>	

The email of the contact person in the form must be the same as in

The ESAIC ID is displayed on the myESAIC account on the top right

The address of the contact person in the form must be the same as

Our accounting system only accepts VAT numbers that are valid for the VAT number is valid or not click [here](#).

\* Please confirm that the candidates listed below agree to abide by the Part I rules and regulations posted on the ESAIC website

**Candidates Profile** \* The sections marked with an asterisk are compulsory. Without this information, the candidate will not be accepted.

Contact ID	*Last Name	*First Name	*Title	*Date of Birth
(Example, do not delete)	Smith	John	Dr.	30/04/1974





**Together for patient safety and health**

Become a member of the ESAIC Today! Join us at [esaic.org](http://esaic.org)

HAS BEEN ISSUED IT CANNOT BE CHANGED.

ot register again individually via our on-line system.

not be replaced.

n email.

**POSES. ONCE AN INVOICE HAS BEEN ISSUED IT CANNOT BE CHANGED.**

n the myESAIC account.

1 the myESAIC account.  
 ht when pressing on the profile button.  
 3 the professional or other address in the myESAIC account.

or cross border transactions within the EU! To verify whether

site by ticking this box:
 ☒

es cannot be registered.

*Email	*Mobile	*Country	ESAIC Member ID	*Private address - Street	*Private address - Street number
johnsmith@esahq.or	44-123456789	GB - United		Westminster Bridge Road	12









<b>*Private address - Postal Code</b>	<b>*Private address - City</b>	<b>State (N/A for Part I)</b>	<b>*Nationality</b>	<b>*Examination Language</b>	<b>*Do you wish to benefit from a free 1-year ESAIC membership?</b>	<b>*Are you still in training?</b>
SE1 7EH	London		GB - British (United Kingdom)	English	Yes	Yes







Fee Ref (RESERVED TO ESAIC)	*Is a registered doctor in the hosting country (Yes/No)
	No



