

RiMSc rehabilitation
in multiple sclerosis
european
network of ms centres

WWW.RIMS.BE

Support RIMS
Make a donation

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Rehabilitation in Multiple Sclerosis (RIMS), a network of MS Centres in Europe was created in 1991, in Milan, Italy. Today RIMS has 40 member centres throughout Europe.

The aim of RIMS is to

- encourage the exchange of knowledge and expertise in all areas of multiple sclerosis
- provide the means for professional development and scientific collaboration among persons involved in the field of multiple sclerosis, particularly in rehabilitation, research, education and patient care

Join RIMS

We encourage all MS Centres, MS Societies and individual professionals to join the network. You can fill the membership application form and send it to the address on the reverse side of the form. You may also fill the electronic membership application form in

WWW.RIMS.BE

Benefits

A number of Special Interest Groups (SIG) have been established.

- SIG on Bladder, Bowel and Sexual disorders
- SIG on Communication and Swallowing
- SIG on Mobility
- SIG on Occupation
- SIG on Psychology and Neuropsychology
- SIG on Social Integration and Participation

Once a year RIMS organises annual conference with a two days scientific program. Members are able to get RIMS Annual Conference registration fee at a special member fee price.

RIMS newsletter Network is published twice a year.

RIMS annual membership fees

Centre: 400 € Company: 750 €
Individual: 130 € Student: 25 €

After you have sent your membership application you will receive more detailed information of RIMS, next conferences and also of membership payment method.

Why RIMS?

As multifaceted disease MS requires multiprofessional care and rehabilitation. Join RIMS and find a forum to share this expertise!

RIMS membership application

I would like to join as individual member
 member centre
 MS Society or

I would like to have more information

Surname _____

First Name(s) _____

Occupation _____

Hospital, Centre or Organisation

Mailing address _____

Post Code _____

City _____

Country _____

Email _____

Phone _____ Fax _____

Date _____

Signature