



Application for ESAO-Membership

European Society for Artificial Organs

Surname: _____ First name(s): _____

Date and place of birth: _____

Nationality: _____

Degree and other academic qualifications: _____

Yes, I apply for the indicated ESAO-Membership (please tick only one):

- Full Membership (Euro 130, journal included)
- Regular Membership (Euro 50, journal not included)
- Junior Membership (Euro 65, age below 35, journal included)

Reduced Membership for Eastern European Countries:

- Full Membership (Euro 40, journal included)
- Regular Membership (Euro 20, journal not included)

Membership of ESAO entitles to a reduced registration fee at the ESAO Congress, mailings of ESAO and the annual subscription to "The International Journal of Artificial Organs" (12 issues per year, Full- and Junior- Membership only)

Present position: _____

Institutional affiliation: _____

Mailing address: _____

Phone: _____ Fax: _____

E-mail: _____

Education and other curriculum:

Speciality:

Areas of interest in Artificial Organs

(tick as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Apheresis | <input type="checkbox"/> Bone, Joint, Dental Prosthesis |
| <input type="checkbox"/> Artificial Blood | <input type="checkbox"/> Circulatory Assists |
| <input type="checkbox"/> Artificial Cells | <input type="checkbox"/> Transplantation |
| <input type="checkbox"/> Artificial Heart | <input type="checkbox"/> Computer Application |
| <input type="checkbox"/> Artificial Kidney | <input type="checkbox"/> Drug Delivery Systems |
| <input type="checkbox"/> Artificial Liver | <input type="checkbox"/> Hemoperfusion |
| <input type="checkbox"/> Artificial Lung | <input type="checkbox"/> Electrostimulation |
| <input type="checkbox"/> Artificial Nutrition | <input type="checkbox"/> Gas Exchange |
| <input type="checkbox"/> Artificial Pancreas | <input type="checkbox"/> Neuroprosthesis |
| <input type="checkbox"/> Artificial Skin | <input type="checkbox"/> Organ Preservation |
| <input type="checkbox"/> Artificial Valves | <input type="checkbox"/> Renal Support |
| <input type="checkbox"/> Biocompatibility | <input type="checkbox"/> Sensory Aids |
| <input type="checkbox"/> Bioengineering | <input type="checkbox"/> Vascular Implants |
| <input type="checkbox"/> Biomaterials | <input type="checkbox"/> Urological |
| <input type="checkbox"/> Biosensors | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Blood Purification | <input type="checkbox"/> |
| | <input type="checkbox"/> |

Please indicate what percentage of your time you spend in:

- | | |
|------------------------------------|---|
| _____ % Research & Development | _____ % Professional society activities |
| _____ % Clinical Practice | _____ % Other: |
| _____ % Management, Administration | _____ % Other: |

Membership of other Societies in the field of artificial organs: ISAO ASAIO
 JSAO Other:

Name and address of an ESAO member who could supply references:

.....

Date: Signature:

Please send this application form and a list of your most recent scientific publications to:

Donau-Universität Krems, ESAO-Office, Center of Biomedical Technology
c/o Anita Aichinger, Dr. Karl Dorrek St. 30, A-3500 Krems, Austria
Phone: +43/2732/893-2633, Fax: +43/2732/893-4600
eMail: esao@esao.donau-uni.ac.at [http:// www.esao.org](http://www.esao.org)

You will be contacted by the ESAO-Office after acceptance of your application.