



# Application for ESAO-Membership

European Society for Artificial Organs

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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 50, age below 35, electronical journal included)
- Junior Membership (Euro 20, age below 35, journal not 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:

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.....  
.....

Speciality:

.....  
.....

continued

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"/> .....                          |

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: anita.aichinger@donau-uni.ac.at http:// www.esao.org

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