



Application for ESAO - Group Membership

European Society for Artificial Organs

Membership of ESAO entitles to a reduced registration fee at the ESAO Congress for all 4 members and mailings of ESAO and the annual subscription to "The International Journal of Artificial Organs" (12 issues per year) to **group member 1**.

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

- Group Membership (Euro 220, 4 members, only one Journal included)
- Group Membership (Euro 100, 4 members, no Journal included)
- Reduced Membership for Eastern European Countries:
 - Group Membership (Euro 100, 4 members, only one Journal included)

Group Member 1:

Surname: First name(s):

Nationality:

Degree and other academic qualifications:.....

Group Member 2:

Surname: First name(s):

Nationality:

Degree and other academic qualifications:.....

Group Member 3:

Surname: First name(s):

Nationality:

Degree and other academic qualifications:.....

Group Member 4:

Surname: First name(s):

Nationality:

Degree and other academic qualifications:.....

Mailing Information (Group Member 1):

Mailing address:

Phone: Fax:

E-mail:

**Please complete the enclosed forms for each group member !
Please send the completed forms to the ESAO office in Krems !**



Application for Group - Membership

Group Member 1

European Society for Artificial Organs

Surname: First name(s):

Date and place of birth:

Nationality:

Degree and other academic qualifications:

Present position:

Institutional affiliation:

Mailing address:

.....

.....

Phone: Fax:

E-mail:

Education and other curriculum:

.....

.....

.....

.....

Speciality:

.....

.....

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

JSAO Other:

Areas of interest in Artificial Organs
(tick as many as apply)

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

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:

.....

Please add a list of your most scientific publications.

Date: Signature:

Please send the application form and the four group member forms to:
 Donau-Universität, ESAO-Office, Center of Biomedical Technology
 c/o Anita Aichinger, Dr. Karl Dorrek Str. 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](http://www.esao.org)

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



Application for Group - Membership Group Member

European Society for Artificial Organs

Surname: First name(s):

Date and place of birth:

Nationality:

Degree and other academic qualifications:

Present position:

Institutional affiliation:

Mailing address:

.....

.....

Phone: Fax:

E-mail:

Education and other curriculum:

.....

.....

.....

.....

Speciality:

.....

.....

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

JSAO Other:

Areas of interest in Artificial Organs

(tick as many as apply)

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

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:

.....

Please add a list of your most scientific publications.

Date:

Signature:



Application for Group - Membership Group Member

European Society for Artificial Organs

Surname: First name(s):

Date and place of birth:

Nationality:

Degree and other academic qualifications:

Present position:

Institutional affiliation:

Mailing address:

.....

.....

Phone: Fax:

E-mail:

Education and other curriculum:

.....

.....

.....

.....

Speciality:

.....

.....

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

JSAO Other:

Areas of interest in Artificial Organs

(tick as many as apply)

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

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:

.....

Please add a list of your most scientific publications.

Date:

Signature:



Application for Group - Membership Group Member

European Society for Artificial Organs

Surname: First name(s):

Date and place of birth:

Nationality:

Degree and other academic qualifications:

Present position:

Institutional affiliation:

Mailing address:

.....

.....

Phone: Fax:

E-mail:

Education and other curriculum:

.....

.....

.....

.....

Speciality:

.....

.....

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

JSAO Other:

Areas of interest in Artificial Organs

(tick as many as apply)

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

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:

.....

Please add a list of your most scientific publications.

Date:

Signature: