

## Application for ESAO Membership

European Society for Artificial Organs

Surname:	First name(s):
Date and place of birth:	
Degree and other academic q	ualifications:
Yes, I apply for the indicated E	ESAO-Membership (please tick only one):
☐ Full Membership	(Euro 225, printed journal included)
·	(Euro 135, electronical journal included)
·	(Euro 60, age below 35, electronical journal included)
☐ yESAO Membership	(Euro 35, age below 35, journal not included)
Reduced Membership for	Low Income Countries:
☐ Full Membership	(Euro 155, printed journal included)
☐ Full Membership	(Euro 60, electronical journal included)
mailings of ESAO and the ann Organs" (12 issues per year o Present position:	to a reduced registration fee at the ESAO Congress, nual subscription to "The International Journal of Artificial r electronical journal, Full- and Junior Membership only)
	Fax:
E-mail:	
Education and other curriculus	m:
Speciality:	
	continued

Interest to join a Working Group:		
<ul><li>□ Apheresis and Adsorption</li><li>□ Bioartificial Organs</li><li>□ Education</li></ul>	<ul><li>☐ Heart Support</li><li>☐ Tissue Engineering</li><li>☐ Uremic Toxins</li><li>☐ yESAO</li></ul>	
Date: Signature	:	
Please send this application form to:		
University for Continuing Education Krems, ESAO-Office, Center for 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.