

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/year or an electronic Journal) to **group member 1.**

Yes, I apply for the indicated E	SAO-Group Membership (please tick only one):
☐ Group Membership☐ Group Membership	(Euro 415, 4 members, printed Journal included) (Euro 310, 4 members, electronic Journal included)
Reduced Membership for Low	Income Countries:
	(Euro 335, 4 members, printed Journal included) (Euro 225, 4 members, electronic Journal included)
Group Member 1: Surname:	First name(s):
Nationality:	
Degree and other academic qual	ifications:
Group Member 2: Surname:	First name(s):
Nationality:	
Degree and other academic qual	ifications:
Group Member 3: Surname:	First name(s):
Nationality:	
Degree and other academic qual	ifications:
Group Member 4: Surname:	First name(s):
Nationality:	
Degree and other academic gual	ifications:

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



Surname: 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:	

Inter	est to join a Working Group:	
	Apheresis and Apsorption Bioartificial Organs Education	☐ Heart Support☐ Tissue Engineering☐ Uremic Toxins☐ yESAO
Date	:Sign	ature:
Plea	se send the application forms to:	
Bion c/o A Pho	versity for Continuing Education Krem nedical Technology Anita Aichinger, Dr. Karl Dorrek Str. 3 ne: +43/2732/893-2633, Fax.: +43/27 ill: anita.aichinger@donau-uni.ac.at	0, A-3500 Krems, Austria 732/893-4600

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



Surname:	First name(s):
Date and place of birth:	
Nationality:	
Degree and other academic qualifications:	
Present position:	
Institutional affiliation:	
Mailing address:	
Phone:	
E-mail:	
Education and other curriculum:	
Speciality:	

Interest to join a Working Group:	
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Date:	Signature:



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Date:	Signature: