

## 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 250, printed journal included)  |
| -                                   | (Euro 150, electronical journal included)   |
| •                                   | (Euro 65, age below 33, electronical journal included)  |
| ☐ yESAO Membership                  | (Euro 40, age below 33, journal not included)   |
| Reduced Membership for              | Low Income Countries:   |
| ☐ Full Membership ☐ Full Membership | (Euro 170, printed journal included)<br>(Euro 65, electronical journal included)  |
| mailings of ESAO and the ann        | to a reduced registration fee at the ESAO Congress,<br>nual subscription to "The International Journal of Artificial<br>r electronical journal, Full- and Junior Membership only) |
| Present position:                   |   |
| Institutional affiliation:          |   |
| Mailing address:                    |   |
|                                     |   |
| Phone:                              | 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.