

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION
SOCIÉTÉ INTERNATIONALE DE TRANSFUSION SANGUINE



Individual Membership Form 2005

To be sent to: **ISBT Central Office** c/o Jan van Goyenkade 11, NL-1075 HP Amsterdam, The Netherlands
Tel: +31 (0)20 679 34 11, Fax: +31 (0)20 673 73 06, E-mail: ISBT@eurocongres.com

PERSONAL DATA: *

Family name _____ Initials _____ Mr./Ms./Mrs.

First name _____ Title(s) _____

Year of Birth (only for those who apply for the 65 years fee)

Organisation _____

Address _____

Postal code and City _____ Country _____

Telephone _____ Telefax _____

E-mail _____

** I do / I do not allow to give my address details to third parties*

INSTITUTION

Code: _____ Other: _____

(please refer to appendix I) (if your position is not mentioned in appendix I)

SPECIALITY

Code: _____ Other: _____

(please refer to appendix II) (if your speciality is not mentioned in appendix II)

POSITION

Code: _____ Other: _____

(please refer to appendix III) (if your speciality is not mentioned in appendix III)

APPENDIX I

Code	Institution
50	General Hospital
51	Institute of Health - Ministry Of Health
52	Research Center
53	Red Cross
54	Blood Bank
55	Blood Transfusion Service
56	National Blood Center
57	Blood Transfusion National Laboratory
58	Blood Products Laboratory
59	Hemophilia Centre
60	Blood Group Reference Laboratory
61	(University) Clinic
62	University Hospital
63	Faculty of Medicine
64	School of Medicine of Technology
65	Private Firm
66	Scientific Society
78	Nursing

APPENDIX II

Code	Speciality
10	Anaesthesia/reanimation
11	Anthropology/hemotypology
12	Bacteriology
13	Biology
14	Blood Transfusion
15	Chemistry-biochemistry
16	Clinical Transfusion
17	Continuing Education
18	Donor Organization
19	Haemophilia-coagulation
20	Hemodialysis And Transplantation
21	Hemotherapy
22	Histocompatibility
23	Immunology
24	Immunohematology
25	Immunogenetics
26	(Internal) Medicine
27	Legal Medicine
28	Management/administration
29	Med.lab.sciences/pathology
30	Microbiology
31	Oncology
32	Pediatrics
33	Serology
34	Surgery
35	Quality Control
36	Pharmacology

APPENDIX III

Code	Position
10	Commercial/consultant
79	Director
80	Blood Bank Director
81	Director Medical
82	Scientific Director
83	Managing Director/administrative
84	Chief Laboratory-assistant
85	Doctor
86	Internist
87	Technical Director, Technician, Analyst
88	Research Fellow
89	Hospital Scientist
90	Physician
91	Nurse
92	Professor, Instructor, Doyen Univ.
95	Graduate Student
96	Production Manager
97	Export Manager
99	Assistant Director
102	Chief Executive Officer

PLEASE DO NOT FORGET TO COMPLETE BOTH SIDES OF THE REGISTRATION FORM!

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Family name _____

WORK EXPERIENCE

Duration of active work in the field of blood transfusion/transfusion medicine: _____ years

Academic / scientific / other qualifications:

INDIVIDUAL MEMBERSHIP FEE 2005* (including Vox Sanguinis)

Under 65 years: € 98,-

Over 65 years: € 87,-

* Please tick the appropriate box

PAYMENT

Undersigned declares to pay the total amount due in Euro's with the following means of payment:

Bank transfer:

Please transfer payment to ABN AMRO, 57.48.05.842, to P. Strengers Inz ISBT Central Office Amsterdam, The Netherlands.

The BIC code of the bank is ABNA NL 2A. The IBAN Code is NL45ABNA0574805842. **Clearly state your name.**

Credit card:

Euro/Master/Access card Charge my card nr:

American Express CVC number: (the last 3 digits of the number printed on the back of the card)

Visa Expiration date: /

Please note:

1. Only the forms of payment listed above are acceptable.
2. When your name is NOT clearly stated on the bank transfer, your payment cannot be linked. Consequently, your payment will be unknown to the ISBT Central Office.

Signature: _____ Date: _____
day month year

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