



REGISTRATION FORM – AFFILIATED MEMBERSHIP 2010

Please use block letters

ADDRESS DETAILS:

Organisation _____

Address _____

Postal code and city _____

Country _____

Telephone _____ Telefax _____

E-mail _____

Institution code _____ (Please refer to appendix I for the code)

Other _____ (If your kind of institution is not mentioned in appendix I)

NOMINATED REPRESENTATIVE

Family name _____ Mr./Ms/ Mrs.

Initials _____ Title(s) _____

First name _____

Position code: _____ (Please refer to appendix II for the code)

other: _____ (if your position is not mentioned in appendix I)

OBJECTIVES OF THE ORGANISATION

NUMBER OF DOCTORS/SCIENTISTS

Medical doctors _____

Scientists _____

STATEMENT IN SUPPORT OF ISBT CODE OF ETHICS

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

