



ESCTAIC

European Society for Computing and Technology in Anaesthesia and Intensive Care

ESCTAIC

Membership Form

Last Name _____ First Name _____ Salutation _____

<input type="checkbox"/> <u>Business Address</u>	← Which address → for correspondence ?	<input type="checkbox"/> <u>Private Address</u>
	← Address →	
	← Address →	
	← Address →	
	← Zip-Code / City →	
	← Country →	
	← Telephone 1 →	
	← Telephone 2 →	
	← Mobile →	
	← Telefax →	
	← eMail 1 →	
	← eMail 2 →	
	← WWW HomePage →	
<input type="checkbox"/> eMail <input type="checkbox"/> WWW <input type="checkbox"/> Newsgroups	← I have access to →	<input type="checkbox"/> eMail <input type="checkbox"/> WWW <input type="checkbox"/> Newsgroups

Please do not give my address to other ESCTAIC members. | Please remove me from your membership list.

Profession : _____

I am working in the following fields : _____

Reasons for joining ESCTAIC / Topics I would like to see discussed within ESCTAIC / Other Comments:

Member paid the membership fee of EUR / USD / _____ by bank transfer / cheque / credit card _____ / cash for the year(s) 2004, 2005, 2006, _____

For internal use: A temporary / official receipt of the membership has been given / mailed on _____

Please email/send/fax this questionnaire back to : ESCTAIC Treasurer / Lutz Krummreich, c/o Dräger Medical, D-23542 Lübeck, Germany, Fax: +49 (451) 882-74316, eMail: Treasurer@ESCTAIC.org