



MEMBERSHIP FORM

Title: _____ Name: _____ Middle Name: _____
Last Name / Family Name: _____

Work Address

Institution/Organization: _____
Department: _____
Address: _____ Postal Code: _____ City: _____
State/Province: _____ Country: _____
Telephone: _____ Fax: _____ e-mail: _____

Academic Degree

Please ensure e-mail address is accurate. Only one address.

M.D. Ph.D. D.Sc. Other: _____
Current Professional Position: _____

Field of Work

Academic Research Public Health
 Non Profit Research Hospital / Clinic Facility
 Comercial Research Private Clinical Practice
Other: _____

Personal Data

Mailing Address (if different from the above): _____
Address: _____ Postal Code: _____ City: _____
State/Province: _____ Country: _____

Payment Terms & Conditions

The membership fee for 2018 is €35. Please select a method of payment:

Bank Transfer: I will fax a copy of the Bank transfer's receipt together with this form to the following number: +34 932 217 005

Bank info:

Banco Santander Central Hispano
Gran Vía 4-1
48001 Bilbao (Spain)

Account number:

0049 1800 13 2710387658
IBAN Number:
ES63 0049 1800 13 2710387658
SWIFT Code:
BSCHESMM

Credit Card: Please charge the total payment mentioned above to my credit card.

VISA Card No.: _____
 MASTERCARD Exp. Date: _____ / _____

The payment of the annual fee includes a reduction of 10 % in the registration fees of the International Thrombosis Congresses of the European and Mediterranean League and an on-line subscription to Thrombosis Research, official Journal of the EMLTD, entering into the Private Area of the EMLTD's WEB Page (www.medleague-thrombosis.org).

In compliance with the Organic Law 15/99 of the 13th of december 1999 on the protection of Personal Data, we inform you that your data will be processed in a file under the responsibility of Grupo Geyseco SL on behalf of EMLTD, for purposes of promotion and other related with this Society. The completion of the application form implies permission to Grupo Geyseco SL to use the personal data supplied for the purpose cited above.

You can exercise your rights of access, modification and termination, if any, in our offices by letter or E-mail at secretariat_emltd@geyseco.es

EMLTD General Secretary

Teresa Padró
Institut Català de Ciències Cardiovasculars
Hospital de Sant Pau
Avda. Sant Antoni M. Claret, 167 08025
Barcelona (SPAIN)
tpadro@csic-iccc.org

EMLTD Technical Secretariat

Universidad, 4 - 46003 Valencia (SPAIN)
Phone (+34) 963524889
secretariat_emltd@geyseco.es