

International Academy of Cardiovascular Sciences – European Section



MEMBERSHIP APPLICATION FORM

Please, complete this form and e-mail it to the Secretary of IACS-ES

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Name _____

Title Prof / Dr / Mr / Mrs / Miss / Ms (delete as appropriate)

Affiliation: Department _____

Institution _____

Address _____

City, Postcode, Country _____

PhoneFax(with country
dialcode) _____

E-mail _____

4 keywords describing areas of research interest _____

Please indicate year(s) for which payment is made.

1. Renewal or New Application Year(s) _____

2. Class of membership and annual membership fees:

Regular 30€ Student 20€Emeritus 20 €

Fellows and Council Members of IACS-ES 50€

3. **Method of payment.** Please, send the membership application form to the organizers together with the abstracts. Payment is possible on site at the registration office (Smolenice Castle), in cash only.