

### **European Group for Blood and Marrow Transplantation**

Please send the completed form to: **EBMT Executive Office, C/ Rosselló, 140, 1º-1ª - 08036 Barcelona - Spain** Tel: (+34) 93 453 8570 · Fax: (+34) 93 451 9583 · **e-mail: membership@ebmt.org** 

## MEMBERSHIP LIST MODIFICATION REQUEST FORM To Add a New Team to your CIC

Please write members' names clearly in capital letters

CIC:..... Team #:.....

#### **MEMBERSHIP FEE:**

The annual fee is 900 Euros, which covers a centre with three physicians, one principal nurse, one data manager, one quality manager and one lab technician. For each additional member, the fee is 75 Euros apart from extra nurses who are charged at 40 Euros.

#### ADD the following members:

Position	Surname	First name	Email address
Physician			
Physician			
Nurse			
Nurse			
Data manager			
Data manager			
Quality manager			
Quality manager			
Lab technician			
Lab technician			
Other (please state)			

**Principal Investigator's Name** (please print clearly):

#### **Principal Investigator's Signature:**

Please fax to the EBMT Executive Office: +34-93-451-9583 or scan and email to membership@ebmt.org

Alternatively, this form can be sent by post to: EBMT Executive Office, C/ Rossello 140, 1º-1ª, 08036 Barcelona, Spain



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