



# European Society for Blood and Marrow Transplantation

Please send the completed form to: EBMT Executive Office, Edifici Dr. Federic Duran i Jordà Passeig Taulat, 116, 08005 Barcelona - Spain Tel: (+34) 93 453 8570 · Fax: (+34) 93 451 9583 · e-mail: membership@ebmt.org

## MEMBERSHIP LIST MODIFICATION REQUEST FORM To Add or Delete Members of your CIC

**CIC:..... Team #:.....** (if more than one)

### Membership fee:

The following team composition is free of charge: 3 physicians (including the Principal Investigator), 1 Principal Nurse, 1 Nurse, 2 Data managers, 1 Quality manager, 1 Lab technician, 1 Pharmacist and 1 Transplant coordinator per centre. If you would like to add any additional members to your centre's team, a fee of 50 Euros per extra team member applies.

### OPTION 1: ADD the following members

Position	Surname	First name	Email address
Physician (PI)			
Physician			
Physician			
Principal Nurse			
Nurse			
Data manager			
Data manager			
Quality manager			
Pharmacist			
Lab technician			
Transplant coordinator			
Others (please indicate)			

### OPTION 2: DELETE the following members

Surname/Family name	First name

By signing this contract I declare that I understand and accept that my personal data will be incorporated in a file property of EBMT which can be allocated outside the EU. The EBMT will use your information only for the purposes for which you submitted the information.

The Data Subject shall have the right of access to his or her data and the right to rectification of any inaccurate or incomplete personal data. If the processing operation is unlawful the Data Subject has the right to request deletion of that data. Please write to [info@ebmt.org](mailto:info@ebmt.org)

**Principal Investigator** (please print name):

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**Principal Investigator´s Signature:**