



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 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.

OPTION 1: ADD the following members

Position	Surname	First name	Email address
Physician			
Physician			
Physician			
Principal Nurse			
Data manager			
Quality manager			
Lab technician			
Others <i>(please indicate)</i>			

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

Principal Investigator (please print name):

Principal Investigator's Signature:



EBMT

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