



EBMT

European Society
for Blood and Marrow Transplantation

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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 update the Centre's Contact Details

CIC: _____ Team #: _____ (if more than one)

Institution address	
Postal Code	
City	
State/Province	
Other	
Country	
Telephone	
Fax	
Team's e-mail address	

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 Name *(please print clearly)*

Principal Investigator's Signature



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membership@ebmt.org.