

Membership Registration Form 2011 for ESCMID Switzerland

For membership application or renewal online
please go to www.escmid.org/membership

Member / User ID (if available) _____

Ms (female) Mr (male) Prof Dr

Surname _____ First Name(s) _____

Department _____

Institution/Company _____

Street & No. _____ P.O. Box _____

Postal code _____ City & State/County _____

Country _____ Date of Birth (dd.mm.yy) _____

Phone _____ Fax _____

Email _____

Regular membership

Membership includes monthly issues of the journal
Clinical Microbiology and Infection (CMI).
Please choose one option.

	For one year	Total
incl. <i>CMI</i> print + online	<input type="checkbox"/> EUR 88	
incl. <i>CMI</i> online	<input type="checkbox"/> EUR 58	

Reduced-rate membership

Reduced-rate membership is only available for
persons up to 35 years of age or retired.

incl. <i>CMI</i> print + online	<input type="checkbox"/> EUR 68	
incl. <i>CMI</i> online	<input type="checkbox"/> EUR 38	

Regular membership for European Respiratory Society members.

ERS membership number required: _____

A reduced membership fee for ERS members is available
only to applicants for regular membership.

incl. <i>CMI</i> print + online	<input type="checkbox"/> EUR 75	
incl. <i>CMI</i> online	<input type="checkbox"/> EUR 49	

Additional journals (optional, all print + online)

<i>Infection</i>	<input type="checkbox"/> EUR 83	
<i>European Journal of Clinical Microbiology and Infectious Diseases</i>	<input type="checkbox"/> EUR 115	

Total Payment _____

Date _____

Payment by credit card

Please charge my

VISA MasterCard American Express

Credit card with total EUR: _____

Card no. : _____

Expiry date (mm/yy): _____

Card Verification Code (CVC): _____

(The CVC is the 3- or 4-digit number printed on the back or front side of your
credit card to the right of the regular card number.)

Payment by bank transfer

Total EUR _____ (amount) were transferred by

Name: _____

free of charge to the beneficiary to
UBS, Aeschenplatz 6, 4052 Basel, Switzerland,
Account number 0233-107583.60P,
IBAN: CH48 0023 3233 1075 8360P, BIC (SWIFT): UBSWCHZH80A

Payment by bank cheque/international draft

drawn on a Swiss bank and payable to ESCMID
(is enclosed).

Membership applications without payment cannot be processed.

Membership and journal subscriptions will start as soon as
processed and continue for 12 months thereafter.

Signature _____

Please complete also the reverse side of this form.

Please indicate your professional background (multiple entries possible)

Academic degree(s)

- MD
 PhD
 other: _____

Specialties in clinical medicine

- m clinical microbiology
 i infectious diseases
 Z dentistry
 G gastroenterology/hepatology
 H haematology
 j internal medicine
 k paediatrics
 p pathology
 q pneumology
 s surgical specialties
 J general practice/primary care medicine
 l intensive care medicine
 O other: _____

Non-clinical disciplines

- B biomedical sciences (including biochemistry, biology, genetics, microbiology, etc.)
 L chemistry
 D marketing and business administration
 X mathematics
 U medical care (including infection control nurses)
 h pharmacology
 d pharmacy
 W public health medicine
 t veterinary medicine
 O other: _____

- y **Please indicate your interest in the Trainees' Association of ESCMID (TAE)**

Please indicate your interest in one or more of the ESCMID Study Group topics (multiple entries possible):

- f Fungal Infection Study Group (EFISG)
 w Food- and Water-borne Infections Study Group (EFWISG)
 i European *Helicobacter* Study Group (EHSg)
 h Meningitis Study Group (EMESG)
 k PK/PD of Anti-Infectives Study Group (EPASG)
 d Study Group for *Coxiella*, *Anaplasma*, *Rickettsia* and *Bartonella* (ESCAR)
 n Study Group for Anaerobic Infections (ESGAI)
 q Study Group for Antibiotic Policies (ESGAP)
 r Study Group for Antimicrobial Resistance Surveillance (ESGARS)
 g Study Group for Biofilms (ESGB)
 b Study Group for Lyme Borreliosis (ESGBOR)
 c Study Group for *Clostridium difficile* (ESGCD)
 u Study Group for Critically Ill Patients (ESGCIP)
 t Study Group for Clinical Parasitology (ESGCP)
 e Study Group for Epidemiological Markers (ESGEM)
 a Study Group for Implant-Associated Infections (ESGAI)
 s Study Group for Infections in Compromised Hosts (ESGICH)
 m Study Group for Molecular Diagnostics (ESGMD)
 y Study Group for Mycobacterial Infections (ESGMYC)
 j Study Group for Nosocomial Infections (ESGNI)
 v Study Group for Viral Hepatitis (ESGVH)