



APPLICATION FORM 2010

IDENTIFICATION

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____ **Initials** _____ **First name** _____

Mailing Address Office Residence _____

Institute _____ **Dept.** _____

No. _____ Street _____ Suite/Apt. _____

City _____ **State/Province** _____ **Country** _____ **ZIP Code** _____

Telephone (office hours): Country code / city code / number _____ **Fax: Country code /city code / number** _____

E- Mail Address

Membership fee and as indicated below (please tick the appropriate box):

- Nurse member in Europe / outside Europe (fee 2010) EURO 45 / EURO 50
- Nurse member in Europe / outside Europe (fee 2010 + 2011) EURO 85 / EURO 95
- Nurse member in developing country* in Europe / outside Europe (fee 2010) EURO 30 / EURO 35
- Nurse member in developing country* in Europe / outside Europe (fee 2010+ 2011) EURO 55 / EURO 65

*For the list of countries please check ESPNIC website: www.espnic.org

Journal subscription for 2010 only, in addition to membership fee (please tick the appropriate box below):

- Intensive Care Medicine for members in Europe / outside Europe (fee 2010) EURO 100
- Nursing in Critical Care for members in Europe / outside Europe (fee 2010) EURO 42
- Infant Journal (neonatal) for members in Europe / outside Europe (fee 2010) EURO 45

Journal subscription for 2010+ 2011, in addition to membership fee (please tick the appropriate box below):

- Intensive Care Medicine for members in Europe / outside Europe (fee 2010+2011) EURO 200
- Nursing in Critical Care for members in Europe / outside Europe (fee 2010+2011) EURO 84
- Infant Journal (neonatal) for members in Europe / outside Europe (fee 2010+2011) EURO 90

* Delivery of the journals will start as soon as possible following receipt of your payment.

Payment: Please indicate the preferred mode of payment

Option 1: Credit Card: Visa MasterCard American Express

Card Number _____ **Expiry Date (month/year)** _____

Name as shown on card:

Family Name _____ **First Name** _____

Signature _____ **Date** _____

Option 2: By bank transfer: Please make drafts payable to: "ESPNIC "

For bank transfers from outside the European Union please add to your payment **EURO 7.00** for bank costs. Transfer to be made to:

CREDIT SUISSE, Geneva Branch, Rue de Lausanne 17, CP, CH-1211 Geneva 70, Switzerland **Swift Number** : CRESCHZZ12A

IBAN n°: CH31 0483 5046 5953 8207 5 / **Clearing N°** 4835 **Account No:** 465953-82-75

Option 3: Cheque made payable to: " ESPNIC"

Enclosed cheque number: _____ **Bank:** _____

Place/ Date:

Signature: **Date:**