



Working Group
Of Interventional
Cardiology

EUROPEAN ASSOCIATION OF PERCUTANEOUS CARDIOVASCULAR INTERVENTIONS



EuroPCR

APPLICATION FOR MEMBERSHIP TO EAPCI*

(Please print clearly or type)

Title: Mr / Mrs / Miss / Ms / Dr / Assis.Prof. / Assoc.Prof. / Prof. / **Date of birth:** (D/M/Y)

First Name(s): **Gender:** male female

FAMILY NAME(S):

DEGREES / QUALIFICATIONS (with dates):

.....
.....

- Please tick your preferred *Postal Address*: **Business** or **Private**
- Please tick your preferred *E-mailing Address*: **Business** or **Private**

▪ BUSINESS ADDRESS:

Name of Hospital and Department (Service):

Street, Building (of Institution):

Postal Code: **City:** **Province:** **Country:**

Tel: **Fax:**

E-mail:

▪ PRIVATE ADDRESS:

Street (Home):

Postal Code: **City:** **Province:** **Country:**

Tel: **Fax:**

E-mail:

PRESENT APPOINTMENT:

MAIN INTERESTS:

- | | |
|--|--|
| <input type="checkbox"/> Coronary intervention | <input type="checkbox"/> Cardiac non coronary intervention |
| <input type="checkbox"/> Peripheral intervention | <input type="checkbox"/> Valvular intervention |
| <input type="checkbox"/> Pathophysiology | <input type="checkbox"/> Other. Specify: |

I wish to become a member of EAPCI*

SIGNATURE:

Date:

***Creation pending approval by the ESC General Assembly, WCC 2006, Barcelona**

Please send this form to **Mrs Yolande MILLO** ([ymillo@escardio.org](mailto:yamillo@escardio.org))

ESC Office for Working Groups and Associations Administrator

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