

Application Form

I apply for a membership by completing the membership application form. I agree that the personal data I have provided may be processed automatically for the purpose of sending mailings to members.

Title:
First name(s):
Surname:
Citizenship:
Date of birth:

Affiliation:
Current position:

This is my: Work address, Private Address
Address:
ZIP-Code, Place:
Country:
Telephone:
E-Mail:

Surgical simulation	Augmented / Virtual reality
3D printing	Artificial intelligence in healthcare
Imaging and modeling	Education and training
Other:	

I apply for the indicated IS3DTH-Membership:
 Individual membership (€ 150,- regular fee; € 50,- for low- & middle-income countries)
 Individual student membership (age below 33, € 20,-)
 Corporate membership (€1000,-)
 Corporate membership startup (€ 300,-)

Date

Signature

Please send your filled form to info@is3dth.org.