



To

Austrian Society for Cytometry

c/o Vienna Medical Academy
Alser Straße 4
A-1090 Vienna
FAX: 01/407 82 74

APPLICATION FOR CORPORATE MEMBERSHIP

MAIN SPONSOR

in the

Austrian Society for Cytometry

Company: _____

Address: _____

Phone (+ Country code): _____ Fax: _____

E-mail: _____

Delegate¹ of the corporate member

title, first name, last name: _____

contact address: _____

Phone (+ Country code): _____ Fax: _____

E-mail: _____

We intend to support the OEGfZ with an annual contribution of EUR 3,500.

Admission as a member of the society will be decided at the next board meeting.

..... , the Signature and company stamp:

We consent to the electronic collection of this data and its use in accordance with the objectives of the Company.

¹ Official, voting representative of the society. Changes to the person of the delegate must be announced in writing to the board immediately.