

PLEASE PASS THIS FORM ALONG TO A COLLEAGUE
INTERNATIONAL ACADEMY OF CLINICAL AND APPLIED THROMBOSIS/HEMOSTASIS
Application for Fellowship/Membership - 2012

Contact Information:

Name: _____
(Last) (First) (Middle)

Title: _____

Institution: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Birth: _____
(Date) (Place)

Interests:

Give percentage of time devoted to:

Clinical Trials	_____%
Clinical Coagulation	_____%
Thrombocardiology	_____%
Thromboneurology	_____%
Research	_____%
Vascular Laboratory	_____%
Other: _____	_____%

Describe your interest in:

Clinical: _____

Teaching _____

Research: _____

Payment for One-Year Membership (\$370.00) made by:

A 6% processing fee will be added to all credit card orders

Check	MasterCard	Visa	American Express
Account Number _____		Exp. Date _____	
Name on Card _____		Security code _____	

Signature: _____ Date: _____

RETURN THIS PORTION WITH YOUR PAYMENT TO:

ICATH
708 Glen Cove Avenue
Glen Head, NY 11545-1655
Phone: 516-671-1975 Fax: 516-759-5524

Fellow of the ICATH (FCATH): Established professionals in the field, usually with a doctorate level qualification and/or a senior position in a hospital/university. Medical and scientific staff can apply. A publication record is desirable.

Member of the ICATH: For those in training or not satisfying the seniority requirements required for fellowship.