



European Association of Thermology

Hernalser Hauptstr. 209/14, A-1170 Vienna. AUSTRIA

<http://www.europanthermology.com/>

MEMBERSHIP APPLICATION FORM

Required Information

Name: _____

Address: _____

E-mail: _____ Phone: _____ (with International code)

Birthdate: ___/___/____ (dd/mm/yyyy) Nationality: _____

Education:

BSc. or equivalent Subject _____

Awarding Institution _____

MSc. or equivalent Subject _____

Awarding Institution _____

Ph.D. or equivalent Subject _____

Awarding Institution _____

Optional information

Did you publish research related to therapeutic and/or diagnostic use of thermal energy? If this is the case, please provide their bibliographic details.

Do you have professional experience with therapeutic and/or diagnostic use of thermal energy? If this is the case, please provide details of your experience.

Please send this form correctly filled
to the EAT secretary.

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