



THE WORLD FEDERATION OF INTERVENTIONAL AND THERAPEUTIC NEURORADIOLOGY (WFITN)

Membership Application Form

1 Personal Information

Title, first/last name

Birthday (*dd/mm/yyyy*)

Nationality

Home address (*mailing*)

City

Zip code

Country

Phone

Fax

E-mail

Institution

Department

Address (*mailing*)

City

Zip code

Country

Phone

Fax

E-mail

Present position (please give detailed information, e.g., interventional neuroradiology activities):

Title

Percentage of professional time currently involved in interventional neuroradiology:



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2 References

Candidates are required to have two referees who are senior members of the WFITN. Normally the referees should be members in good standing. Letters from referees must accompany this form.

Reference 1

Title, first/last name

Full address

Phone

Fax

E-mail

Relation to applicant

Reference 2

Title, First/Last Name

Full address

Phone

Fax

E-mail

Relation to applicant

3 Specialty accreditation for appropriate geographic region

Radiology

Neuroradiology

Neurosurgery

Other

Certifying agency

Certification date

4 Membership in national societies of neuroradiology, neurosurgery, or equivalent

Organization(s)



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5 Diagnostic Radiology/Neurosurgery training

Training from _____ to _____ Last year

Institution

Name of program director

Phone number

6 Neuroradiology/interventional neuroradiology/other training

a) First year from _____ to _____

Institution

Director of training

Phone

b) Second year from _____ to _____

Institution

Director of interventional
neuroradiology training

Phone

c) Additional years

Membership fee and application form

The annual membership fee is 155,00€ (including the journal *Interventional Neuroradiology*). The administration office will contact you for payment after the notification of acceptance of your application. Please return this application as letter, fax or e-mail and appropriate enclosures (see point 2) to

WFITN

Sabine Heckmann

c/o Beta Klinik GmbH

Joseph-Schumpeter-Allee 15

53227 Bonn

Germany

Fax: 0049 (0)228 90 90 75 99

E-Mail: secretary@wfitn.org