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DJO Global
 Dornier MedTech Europe GmbH
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 Guangzhou Longest Sci-Tech Co.
 Likamed GmbH

MTS Medical AG
 Richard Wolf GmbH
 STORZ MEDICAL AG
 TUR Therapietechnik GmbH
 ZIMMER MedizinSysteme GmbH

Application form for promoting members

Name of the promoting member:	
Indicate type of organization (clinic, producer, distributor, etc.):	
Office	Address: ----- -----
	Zip Code:
	City:
	Nationality:
	Telephone:
	Fax:
	E-Mail:
	Website:

Name of the representative of the promoting member:	
Academic title:	First name and middle names:
Family name:	
Position in the company(organization):	
Profession of the requesting person (medical specialization etc.):	
Office	Address: ----- -----
	Zip Code:
	City:
	Nationality:
	Telephone:
	Fax:
	E-Mail:

Website:

Experience with ESWT since:

Which devices do you sell/produce?

I herewith apply for promoting membership in the International Society for Medical Shockwave Treatment (ISMST), by signing this application form I accept the constitution of the society, it is published at the society's homepage (www.ismst.com).

Place/date:

Signature of applicant:

Please send this application form by e-mail or fax to:

Ebelsberger Schlossweg 5
A-4030 Linz
Austria - Europe

Tel.: +43 (650) 233 2059

E-Mail: shockwave@ismst.com



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Visa

Master Card

American Express

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Exp.date

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**Code:
CVV2 = KPN
CVC**

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E-mail-address:	(please fill in with capital letters)
Total fee: € ... , -	
Name on the card:	(please fill in with capital letters)
Signature:	Date:

First name:	(please fill in with capital letters)
Family name:	(please fill in with capital letters)
Address:	Street:
	City: Country: Code:

To be sent to:	ISMST/ Catherine Auersperg	Secretary
	Ebelsberger Schlossweg 5	Tel.: +43 (650) 233 2059
	A-4030 - Linz	
	Austria - Europe	e-mail: shockwave@ismst.com