



# EMO Affiliates Registration Form

Please fill out the following form if you are interested in registering with the EMO Affiliates community. Your input will also enable us to provide better services to our valued members.

Name

Surname

Address

Postal code

City

Country

Hospital

Tel.

Fax.

Email

Specialization

Cardiologist

Interventional Cardiologist

Angiologist

Vascular Surgeon

Cardiac Surgeon

Research

Other (please specify) \_\_\_\_\_

## To what degree do you feel that the following EA services could be of value to you?

Please give each service a score from 1 (lowest) to 5 (highest) e.g. 1 = not valuable, 5 = very valuable



Second Opinion



Ongoing Course & Events



EMO Patient Care



International Conference Collaboration



Newsletter



EA Forum

**Please feel free to comment about existing services and advise us on what services you would like to see provided in the future:**

Other Services you suggest \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

All information will remain confidential and will be used for internal purposes only.

**Fax to +39 0248193433**

**Send to Emo Centro Cuore Columbus, Via Buonarroti, 48 20145 Milano, Italy**