

EUBREAST e.V. ASSOCIATION MEMBERSHIP FORM



Legal Entity / Institution

Name of the legal entity / institution

The name of the individual (natural person) who will represent the Institution in EUBREAST e.V.

Title (Dr/Ms/Mr/Prof): M F

First and Last Name:

Place and Date of Birth:

Address of the Legal Entity / Institution:

Street, House No.:

City, Postal Code: Country:

E-Mail: Telephone: Fax:

Home address of the Representative:

Street, House No.:

City, Postal Code: Country:

E-Mail: Telephone: Fax:

I have attached my Curriculum Vitae (CV) and a list of any publications relevant to the application process

Conflict(s) of Interest

As the representative of the aforementioned Institution, I hereby disclose any conflict(s) of interest, or potential conflicts of interest, in regard to this application to become a Member of EUBREAST e.V. and part of the EUBREAST Network in general:

- The Institution that I represent/I have no current conflicts of interest.
 The institution that I represent/I have the following hindering involvements / conflict(s) of interest to declare:

.....
.....

- Should any conflict(s) of interest arise while the Institution I represent/I is/am a member of the EUBREAST e.V. or should there be any doubt that there might be a conflict of interest, I declare to be aware that we/I are/am obliged to bring the matter to the attention of EUBREAST e.V. Association immediately at info@eubreast.com.

Declaration of Confidentiality

- I declare that the Institution I represent/I will not use or disclose any critical information obtained through this membership to EUBREAST e.V. (or through EUBREAST (Italy) or the EUBREAST Network in general) until it has been officially published and/or approved by the EUBREAST e.V. and/or the EUBREAST Network. This applies in particular to any information obtained in regard to the trials in progress.
- Should the Institution I represent/I have any doubts regarding the confidentiality of information obtained through our relationship with EUBREAST e.V. (or EUBREAST (Italy) or the EUBREAST Network in general), I declare that we/I will contact EUBREAST e.V. at info@eubreast.com prior to divulging or using any such information.

Privacy

- I agree / I do NOT agree
that my name and the name of the Institution I represent can be published on the EUBREAST e.V./EUBREAST Network website as a member.
- I have read and accept the GDPR regulations and privacy policies as specified on the EUBREAST website.

City, Date: Signature (Please sign clearly):

The regulations concerning data protection listed on the EUBREAST website also apply to this document.

EUBREAST e.V. | Contact person: Prof. Dr. med. Thorsten Kühn | Chairman | Baumreute 37
D-73730 Esslingen, Germany Phone: +49 711 3103 3051 | Fax: +49 711 3103 3052 | E-Mail: info@eubreast.com