

## SSC Working Group Application Form

### Application for Slovak Society of Cardiology (SSC) Working Group membership

- Existing SSC member can use this form to change or expand membership in the Working Group(s).
- New SSC membership applicants can choose membership in the Working Group(s) directly in the Application for SSC membership.

Academic appointments:       Professor  
    Associate Professor

\*First name:.....

\*Last name:.....

(Please type or write clearly in capital letters)

Degree:                               M.D.                               Ph.D.  
    Pharm.D.                               other.....

\*FESC member: yes / no (please circle one)

\*Registration number in the SkMA (if applicable).....

\*Date of Birth:.....

\*E-mail:.....

Phone.....

Fax:.....

Office address:      Organization:.....

Street:.....

City:.....

ZIP code:.....

Country:.....

\*Home address:      Street:.....

City:.....

ZIP code:.....

Country:.....

\*For correspondence use (**please indicate one**):       Work address       Home address

\*Occupation:  Physician  
 Pharmacist  
 Nurse  
 Other health professional  
 Student  
 Other.....

\*Specialty:  Cardiology  
 Pediatric Cardiology  
 Cardiovascular Surgery  
 Angiology  
 Internal Medicine  
 Family Practice / General Practitioner for Adults  
 Pediatric and Adolescent Medicine  
 Resident Physician  
 Researcher  
 other.....

I want to be a member of the Working Group(s): *(Please indicate one or more)*

- Acute Cardiology
- Outpatient/Office Cardiology
- Forum of Young Cardiologists
- Valvular and Congenital Heart Diseases in Adults
- Invasive and Interventional Cardiology
- Cardiovascular Rehabilitation
- Non-invasive Cardiology
- Pediatric Cardiology
- Peripheral Circulation
- Preventive Cardiology
- Heart and Lungs Transplantation
- Cardiovascular Nurses
- Heart Failure

Please mail completed Application to:      Slovak Society of Cardiology  
Bardosova 2/A  
831 01 Bratislava  
Slovak Republic

\* Mandatory items