# Contact Details

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |
| --- |
| **Full Name and Abbreviation of the Society/Association:** |
|  |
| **Society/Association founded date:**  |
|  |
| **Society/Association is registered at (Place & Country):** |
|  |
| **Society/Association website:** |
|  |
| **President of the Society/Association:** |
| Name: |  |
| Address: |  |
| ZIP code: |  |
| City: |  |
| Country: |  |
| Phone: |  |
| Email: |  |
| **Contact Person of the Society/Association for WFPICCS Affairs:** |
| Name: |  |
| Address: |  |
| ZIP code: |  |
| City: |  |
| Country: |  |
| Phone: |  |
| Email: |  |
| **Secretarial Office of the Society/Association:** |
| Name: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Phone: |  |
| Email: |  |

# About your Society/Association

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |
| --- |
| **Covering professional disciplines/areas (tick boxes that apply):** |
| Pediatric Critical Care | [ ]  |
| Neonatology | [ ]  |
| Pediatrics | [ ]  |
| Adult Critical Care | [ ]  |
| Emergency Medicine | [ ]  |
| Nursing | [ ]  |
| Others: |  |

# Your members

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |
| --- |
| **How many individual members are registered at the Society/Association on January 1, of this year?** |
| Total:  |
| **What professions have the members of the Society/Association? (tick boxes that apply)** |
| Physicians | [ ]  How many: |
| Nurses | [ ]  How many: |
| Physiotherapists | [ ]  How many: |
| Others: |  How many: |

# Journal

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |
| --- |
| **Does the Society/Association have an Official Journal?** |
| Yes | [ ]  |
| No | [ ]  |
| Name: |  |
| Editor: |  |
| Additional Information: |  |

# Activities

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |
| --- |
| **Does the Society/Association have an Annual/Biennial Congress**?  |
| Yes | [ ]  |
| No | [ ]  |
| Date (or period of the year): |  |
| Name of the Meeting: |  |
| Meeting Secretariat : |  |
| Email Meeting Secretariat: |  |
| Website Meeting Secretariat: |  |
| **Does the Society/Association have Teaching Courses?** |
| Yes | [ ]  |
| No | [ ]  |
| Details: |  |

# WFPICCS Members Benefits

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |
| --- |
| **What benefits would you like to receive as a member society of WFPICCS?** |
|  |

# Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_**

|  |  |
| --- | --- |
| **Name: (person who completed this form)** | **Place and Date:** |
|  |  |
| **Email:** |
|  |

# Thank you.