# 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.