ICORD
International Conference on Rare Diseases & Orphan Drugs

Application for Membership

The form is available for download at: www.icord.es. Please print or type all information clearly.
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☒ Ordinary (individual) membership *(Applicable for all individuals active in rare diseases and/or orphan drugs, including professionals in health care, research, academy, industry, regulatory authorities, health authorities, public policy, and representatives for patient groups. Ordinary members pay dues, may participate in all activities of the Society, may hold office, are eligible to vote and receive all communications and publications of the Society.)*

☐ Association membership *(Applicable for non-for-profit and for-profit organizations involved in rare diseases and orphan drug, such as professional organizations, universities and other academic institutions, hospitals and clinics, patient's advocacy groups, and industry trade organizations. Associated members enjoy all rights and privileges of Ordinary members and pay dues, and will receive all communications and publications of the Society but may not hold office or vote.)*

NAME OF INDIVIDUAL MEMBER OR CONTACT PERSON	TITLE
AFFILIATION OR NAME OF ASSOCIATION	
MAILING ADDRESS	
CITY	STATE/PROVINCE
COUNTRY	POSTAL CODE
TELEPHONE (INCLUDING COUNTRY CODE)	FAX
EMAIL ADDRESS	
DATE OF BIRTH (YYYY-MM-DD)	SEX (Please circle one) ☒ M ☐ F
PLEASE DESCRIBE YOUR SPECIAL AREAS OF INTEREST IN RARE DISEASES	
SUBMIT	DATE 2019-10-18