



platform for
advanced
cellular
therapies
austria

UNIVERSITY/INSTITUTE MEMBERSHIP APPLICATION FORM

I/We wish to become a member of PACT. I/We have read and agree to the principles and *modus operandi* as set out in the Memorandum of Understanding signed by the Foundation Partners and furthermore I/we agree to the conditions of conduct and standards of ethics implied in that document.

Name of Institute:	
Contact Person (1):	
Contact Person (2) optional:	
Address:	
City, Zip:	Country:
Telephone:	Fax:
Email:	Website:
Category of Membership: Associate Member / Affiliate Member (please underline the appropriate category)	

Main Areas of Interest in PACT: <ul style="list-style-type: none"> • •

Date

Signatures and University/Institute Stamp:	1)
	2)

Signed on behalf of Steering Group (Post Approval): Date

Signature Chairman:	
Signature Deputy Chairman:	

Please submit your Application Form to office@pact.ac.at!