



2020 IFSO Corporate Committee Membership Application Form

COMPANY CATEGORY

- CONSULTING & PROGRAM DEVELOPMENT
- EQUIPMENT
- IMAGING
- INSTRUMENTS/DEVICES
- INSURANCE
- MEDICAL PUBLISHING
- OUTPATIENT SURGERY CENTERS
- PHARMACEUTICALS
- SOFTWARE & SERVICES
- SUPPLEMENTS/NUTRITION
- SUPPORT
- WEB SERVICES & DESIGN

COMPANY NAME: _____

CATEGORY: _____

ADDRESS: _____

ZIP: _____ CITY: _____ COUNTRY _____

PHONE: _____ WEBSITE _____

AUTHORIZED REPRESENTATIVE: _____

EMAIL: _____ PHONE: _____

CORPORATE MEMBERSHIP ANNUAL FEES:

- PLATINUM LEVEL: \$15,000**
- GOLD LEVEL: \$7,000**
- SILVER LEVEL: \$3,500**

Signature _____ **Date** _____

Bank details

Holder: IFSO INTERNATIONAL FEDERATION FOR THE SURGERY OF OBESITY

Bank: Cassa di Risparmio di Parma (Cariparma) - Crédit Agricole Filiale Pignatelli 15

Address: Via Principessa Rosina Pignatelli, 218, 80121 Napoli, Italy

Account number: 56776193

IBAN: IT97P0623003417000056776193

SWIFT CODE: CRPPIT2P538

Please do not forget to indicate in the reason for payment: "Corporate Membership 2020 + NAME OF THE COMPANY"