



ISPOR Slovenia Chapter

Membership Application

Please provide the following information:

Name:

Degree:

Position:

Organization:

Address:

City:

Telephone:

Email:

My primary work environment is: (Please select one)

- Academia/Health Research
- Clinical Practice/Hospital
- Governmental/HTA Agency/Payer
- Pharmacy/Distribution
- Industry/Pharmaceutical/Medical Device/Diagnostic
- Patient Organization

If you are interested in becoming a member of ISPOR Slovenia Chapter, please fill out this information and contact the Chapter President, Dr. Rok Hren: rok.hren@ispor.si for further membership application details.