



eSource

Scale Up Task Force

# Technology Vendors Reference Group Membership Application Form

## DETAILS OF THE ORGANISATION APPLYING FOR MEMBERSHIP

Full name of the organisation \_\_\_\_\_

Short name of the organisation \_\_\_\_\_

Street name \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_

Country \_\_\_\_\_

Website \_\_\_\_\_

VAT-number \_\_\_\_\_

If billing address is different from postal address above, please add it here.

Street name \_\_\_\_\_

Postal code \_\_\_\_\_ Town \_\_\_\_\_

Country \_\_\_\_\_

Email address of financial department \_\_\_\_\_

### Application as

- up to 250 employees --> 5000€/year
- more than 250 employees --> 7000€/year

## DETAILS OF THE MAIN CONTACT AND REPRESENTATIVE IN YOUR ORGANISATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

- I apply for a one-year membership
- I have read and accepted the i~HD Articles of Association available upon request and the i~HD Data Protection Transparency and Privacy Notice available on the website.
- I confirm that I have the power to formally represent my company/organisation.
- I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date: \_\_\_\_\_ Signature \_\_\_\_\_



### DETAILS OF OTHER INTERESTED PERSONS IN YOUR ORGANISATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date \_\_\_\_\_  
Signature \_\_\_\_\_

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Signature \_\_\_\_\_

### To be returned by email or post to:

The European Institute for Innovation Through Health Data  
c/o University Hospital Gent - Unit of Medical Informatics and Statistics  
Entrance 42 - Building K3 – 5th floor  
Corneel Heymanslaan 10 - 9000 Gent (Belgium)

phone:+ 32 9 332 34 21  
e-mail: office@i-hd.eu  
www.i-hd.eu

