



Subscription to WFHSS for Companies as Corporate Members

Name of the Company*

Abbreviation

Country of residence*

Website* www.

Contact Address*

Postal Code*

City*

Street*

Contact person 1*

Name*

E-Mail address*

Tel. No.:

Contact person 2

Name

E-Mail address

Tel. No.:

Please describe your main activities in connection with Reprocessing of Medical Devices:

* Mandatory field