



Subscription to WFHSS for Companies as Corporate Members

For conditions see xxxx

Name of the Company*	_____
Acronym	_____
Country of residence*	_____
Website*	www. _____
Contact Address*	
Country*	_____
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:
