European Laboratory Initiative (ELI) on TB, HIV and viral hepatitis
Membership Application Form

Name and title:  Dr / Prof / Mr / Ms

Name of Institute:

Position:

Address:

Telephone:  Fax:  E-mail:

Please indicate as applicable:

- National reference laboratory TB, HIV or viral hepatitis
- Supranational Reference Laboratory
- Other laboratory
- Other, please specify: ________________________________________________

Comments and suggestions:

____________________________________________________________________
____________________________________________________________________

I have read and agreed to the scope and purpose of ELI and requirements for ELI membership. I shall be responsible for informing the ELI secretariat if my contact details change.

Signature:  Date:

Please return this form to:

Name:  European Laboratory Initiative
Programme:  Joint Tuberculosis, HIV and viral hepatitis Programme (JTH)
Address:  World Health Organization Regional Office for Europe
UN City, Marmorvej 54, DK-2100 Copenhagen Ø, Denmark
E-mail:  euroeli@who.int
Telephone:  +45 45 33 6993  Fax:  +45 45 337001