

NORDIC ASSOCIATION FOR ANDROLOGY – NAFA



INFORMATION UPDATE FORM 2006 AND MEMBERSHIP APPLICATION
NAFA HOME PAGE: www.andrology.dk



I wish all future information regarding NAFA to be sent:

_____ Solely by e-mail _____ Solely by regular mail:

Note: If nothing is stated, only e-mail will be sent

Please use English and block letters or typing

First name(s): _____

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SPECIALITY: (choose one only, circle front letter(s) below):

br - basic research, gs - general surgery, u - urology, og - obstetrics & gynecology,
im - internat medicine, e - endocrinology, d - dermatology, cc - Clinical chemistry,
pm- pediatric medicine, ps - pediatric surgery, vm - veterinary medicine, o - oncology,
prd - product development, prs - product sales/managing

ANDROLOGICAL WORK (choose one only):

C - Clinical work CR - Clinical work & research R - Research only

DISCIPLINES (circle maximum of four letters):

a - advanced diag. tech, b - biochemistry, c - immunology, d - IVF, e - impotence,
f - electroejaculation/vibration, g - cellular biology, h - sperm banking, i - infectious diseases,
j - infertility, k - oncology, l- nutrition, m -sperm anatomy/biology, n - testes anatomy/biology,
o - accessory glands, p -toxicology, q - endocrinology, r -contraception, s - sexology, t - imaging,
u - pathology, y - molecular biology, x – epidemiology

Date: _____

Signature: _____

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