

Join SESAM

Become part of the world of simulation, find new friends who are in this field already! SESAM offers a unique platform for the exchange of ideas and experiences.

If you are interested in becoming a SESAM member please inform yourself about the different SESAM membership categories.

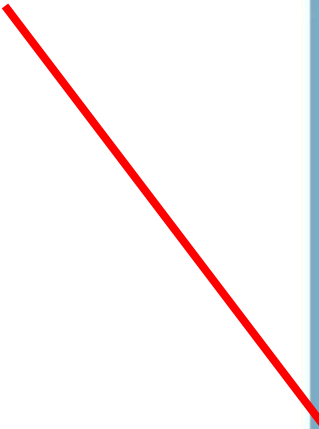
To begin the application process and to become a SESAM member you should first decide whether applying for REGULAR, SPECIAL or INDUSTRIAL MEMBERSHIP.

Please provide the following contact information. You may alter this information at any time.

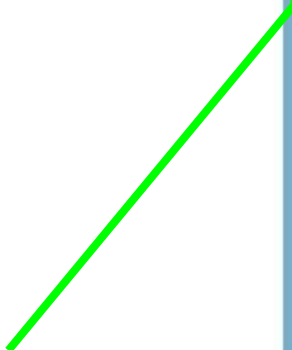
The application process to become a SESAM member is exemplarily shown in the following.

For further information visit our homepage or contact our administration assistant.

**MEMBERSHIP
RENEWAL**



**NEW
MEMBERSHIP**



www.sesam.ws

Society in Europe for Simulation Applied to Medicine

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Promoting simulation in medical education

SESAM is a group of Europeans interested in simulation in medicine. SESAM was founded in Copenhagen in August 1994.

Our Mission is to encourage and support the use of simulation in medicine for the purpose of training and research.

We are not affiliated to any medical or other speciality. Members are physicians and nurses from several specialties, technicians, engineers, psychologists, physicists, biologists...

If you are using simulation techniques or are considering to do so please join SESAM and become a member of its mailing list. This will bring you in contact with international protagonists of simulation.

Are you planning to host a meeting on medical simulation? Please consider to make it a SESAM affiliated meeting. Talk to a member of the EC about the conditions!


Are you aware of news about simulation? Please send info to the SESAM mailing list or to the webmaster of this site.

15th Annual Meeting of SESAM June 11 – June 13 2009, IN MAINZ, GERMANY, KUPFERBERG CONGRESS CENTRE EUROPE – TRADITION AND INNOVATION IN SIMULATION

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To begin the application process and to become a SESAM member you should first decide whether applying for REGULAR, SPECIAL or INDUSTRIAL MEMBERSHIP. Please provide the following contact information. You may alter this information at any time.

Membership:*

Regular ▼

Selected membership: **Regular (EUR 50 / yearly)**

Username: *

Password: *

Password (confirm): *

Email: *

Email (optional):

Title:

First name: *

FIRST, DECIDE YOUR MEMBERSHIP.

SECOND. INSERT YOUR PERSONAL INFORMATION

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Membership:*

Regular

Regular

Special

Industry

Membership: Regular (EUR 50 / yearly)

FIRST, DECIDE YOUR MEMBERSHIP.

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SESAM

Membership:*

Regular
Regular
Special
Industry

NEW MEMBERSHIP

Membership: Regular (EUR 50 / yearly)

Username: *

Password: *

Password (confirm): *

Email: *

Email (optional):

Title:

First name: *

Surname: *

Qualifications: *

Affiliation: *

Institution: *

Institutional Address: *

Country:

Phone:

Germany

**SECOND. INSERT YOUR
PERSONAL
INFORMATION**

NEW MEMBERSHIP

Institutional Address: *

Mainstreet 1234
56789 Atlantis

Country:
Germany

Phone:
0049-123-456789

Phone (optional):

Fax:
0049-9876-54321

Confirm:*

Members of this Society shall recognize and comply with the ["Constitution of SESAM"](#). Members shall agree on storage of membership information for purposes of the Society of SESAM and shall agree being a part of the ["SESAM mailing list"](#) for receiving information from members for members. Members shall continuously meet the requirements of their particular category of membership. (fill out this field)

Next >

SECOND. ALL MARKED *
ITEMS HAS TO BE FILLED
IN.

NOW.

NEXT STEP

[Imprint](#)

Webmaster: [dhw solutions](#) Werbeagentur Hannover.

This page is maintained by SESAM.

Contact information: [imksch01\(at\)heh.regionh.dk](mailto:imksch01(at)heh.regionh.dk)

Web page sponsored by: SESAM Version: November 2007



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NEW MEMBERSHIP

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Interested in becoming a SESAM member please inform yourself about the different SESAM categories. [SESAM Membership](#)

During the application process and to become a SESAM member you should first decide whether REGULAR, SPECIAL or INDUSTRIAL MEMBERSHIP. Please provide the following contact information. You may alter this information at any time.

CHECK YOUR MEMBERSHIP AND YOUR PERSONAL INFORMATION!



| | |
|------------------------|--------------------------------|
| Membership: | Regular (EUR 50) |
| Username: | muster |
| Email: | max.muster@sesam.ws |
| Email (optional): | |
| Title: | Prof. |
| First name: | Max |
| Surname: | Muster |
| Qualifications: | Anesthesiologist |
| Affiliation: | Department of Simulation |
| Institution: | University of Atlantis |
| Institutional address: | Mainstreet 1234 56789 Atlantis |
| Country: | Germany |
| Phone: | 0049-123-456789 |
| Phone (optional): | |
| Fax: | 0049-9876-54321 |

EVERYTHING CORRECT? GO NEXT

SOMETHING FORGOTTEN? GO BACK

| | |
|---|---|
| <input type="button" value=" < Back"/> | <input type="button" value=" Next >"/> |
|---|---|

SESAM

ALREADY PAYPAL
REGISTERED?

NEW MEMBERSHIP

Enter Payment Information

INSERT EMAIL AND
PASSWORD!

PayPal  [Secure Payments](#)

PayPal processes payments securely for your merchant, SESAM. To continue, please enter the required information below. [Learn more](#) about PayPal.

| Subscription To | Terms | Amount |
|--------------------|--------------------------|------------|
| Regular membership | €50.00 EUR for each year | €50.00 EUR |

PayPal Checkout

Pay Quickly With PayPal. It's free and private: merchants never see your financial info.

PayPal

Email:

Password:

Forgot [email address](#) or [password](#)?

Don't have a PayPal account? [Use your credit card or bank account \(where available\).](#)

Log In

CREATE A NEW PAYPAL
ACCOUNT

Billing Information



* Required

| Subscription To | Terms | Amount |
|--------------------|--------------------------|------------|
| Regular membership | €50.00 EUR for each year | €50.00 EUR |

Select Payment Type

To complete this purchase, you will be required to sign up for a PayPal account.

- PayPal** Pay Quickly With PayPal. It's free and private: [Learn more](#)
- No PayPal account? Pay securely using your credit card.

Country

*Country:

Credit or Debit Card Information

*First Name:
(as it appears on card)

*Last Name:
(as it appears on card)

*Card Type:

*Card Number:

CHECK OR INSERT PAYPAL ACCOUNT INFORMATION.

NEW MEMBERSHIP

*Card Number: 1122334455667788

*Expiry Date: 12 2028

*Card Security Code: 007  [What's this?](#)

Billing Address

*Address Line 1: Mainstreet 1234

Address Line 2:

*Town/City: Atlantis

County:

*Postcode: 56789

*Is this your postal address? Yes, it is the same as my postal address
 No

Contact Information

This information will only be used to contact you regarding your payment, if needed.

*Email Address: max.muster@sesam.ws

*Home Telephone: 004912345678 [Privacy](#)

Security Check

Type characters as shown in the box. [Help](#)

*Enter the code as shown below: ugf8j

U G F 8 J

CHECK OR INSERT PAYPAL ACCOUNT INFORMATION.

Contact Information

This information will only be used to contact you regarding your payment, if needed.

*Email Address:

*Home Telephone: [Privacy](#)

Security Check

Type characters as shown in the box. [Help](#)

*Enter the code as shown below:

U G F 8 J

[Cancel and Return to Merchant](#)

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**CONTINUE TO BECOME A
SESAM MEMBER.**

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SESAM MEMBERSHIP

ANY OTHER QUESTIONS?

**PLEASE VISIT OUR
HOMEPAGE OR CONTACT US
DIRECTLY.**

**WE ARE LOOKING FORWARD
TO WELCOME YOU AS A NEW
SESAM MEMBER!!!!**