

International Society of Regenerative Medicine and Wound Repair



About International Society of Regenerative Medicine and Wound Repair (ISRMRW)

ISRMRW was formally established on February 27, 2018 in California, U.S., integrating academics and research in the area of regenerative medicine to maximumly promote the collaboration among global specialists in wound management, as well as the development of regenerative medicine. Globally ISRMRW has enabled hundreds and thousands of healthcare professionals to care for patients with the regenerative medical approach.

Member rights:

Priority to join academic events hosted or co-hosted by ISRMRW, where not only latest updates and tendencies are available, but also a great scenario outshines many others regarding communication on wound management and the opportunity for cooperation.

Privilege to join ISRMRW held events (conference, forum, workshop, training etc.) which enables insightful research sharing on regenerative medical technology, in-person communication with top scientists and wound care professionals, as well as opportunities for extensive academic exchange among global experts.

Eligible to annual awards including:

1. Research of the Year
2. Speaker of the Year
3. Innovative application of the Year

Emails, notices and monthly newsletter to provide latest update on academic events, global development of wound management, etc.

Being a healthcare professional, enterprise personnel, or individual interested and actively engaged in wound management is the eligibility criteria for membership.

Applicants are supposed to fill in details in the attached form.

Please scan and e-mail the completed form to secretariat@ismwr.org (reply to application shall be expected within 10 working days).

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MEMBERSHIP APPLICATION FORM



With the undersigned information I desire to become a member of International Society of Regenerative Medicine and Wound Repair.

| Application form | |
|------------------|---|
| Title | |
| *First Name: | |
| *Last Name: | |
| Address: | |
| City: | |
| *Country: | |
| *Email: | |
| Phone No.: | |
| *Occupation: | Doctor Nurse Specialist Other: _____ |
| *Department | Burn General Surgery Plastic Surgery Dermatology Pediatrics Other: _____ |
| *Affiliation | Hospital: _____ Company/Institute: _____ Individual |

All fields marked with * are mandatory

Signature:

Date: