

## Medical Valley EMN Association

The Medical Valley European Metropolitan Region Nuremberg (EMN) Association is an internationally leading innovation eco system in the area of healthcare management. Highly specialized research institutions, internationally leading and at the same time many growing companies are active here. They cooperate closely with world-renowned health research institutions in order to jointly find solutions for the challenges of health care today and tomorrow.

The nationally and internationally outstanding position of this economically strong region was additionally strengthened in January 2010 by the appointment of “National Top Cluster” for medical technology by the Federal Ministry of Education and Research (BMBF). In April 2017, Medical Valley, in cooperation with the Zollhof Tech Incubator and the Health Hackers, was named one of twelve national “Digital Hubs” by the Federal Ministry of Economics – the only one that focuses exclusively on health.

We, as Medical Valley European Metropolitan Region Nuremberg (EMN) Association, have currently more than 200 members from business, science, healthcare, networks and politics. Medical Valley EMN e.V. is a non-profit organization. Existing hubs of the urban-rural cluster Medical Valley EMN are the Medical Valley Centers Erlangen, Forchheim, Amberg-Weiden and Bamberg.

The unique Medical Valley eco system in the European Metropolitan Region of Nuremberg enables you fast and easy interaction with all relevant actors. Moreover, due to the One-Stop-Shop principle, that is offered by our model region, you can save time, energy and money. Thus, you are provided with every kind of support that is necessary to realize your healthcare innovation and get it ready for market access.

### Our Premium-Partners:



Universitätsklinikum  
Erlangen



## Membership Fee of Medical Valley EMN Association

### The following contributions p.a. in EURO are determined:

Natural persons	100 €
Individual university institutions (overall university excluded)	200 €
Clinics and hospitals (overall clinic excluded)	200 €
Associations and public corporation with up to 20 employees	200 €
Research institutions apart from universities	400 €
Associations and public corporations	1.000 €

### Enterprises and large institutions (Membership fees are generally based on number of employees):

Small enterprises with up to 20 employees	200 €
Enterprises with 20 to 100 employees	400 €
Enterprises and institutions with up to 1.000 employees	1.000 €
Enterprises and institutions with 1.000 to 5.000 employees	2.000 €
Enterprises and institutions with more than 5.000 employees	5.000 €

Membership as a natural person is not granted to employees or executives of companies unless the company is a member. We request that the persons authorized to represent the legal entities or associations of persons, deposit their names with the Board of Directors. (Please see form below.)

The termination of membership must be in writing and is possible with a notice period of 3 months to the end of the year. Otherwise, the membership is extended for another year.

## Membership Application

### Medical Valley EMN e.V.

Please send the form back to us by e-mail or mail

**Yes**, I would like to become a member

Title, Name, Surname:

Position:

Company, Institution:

Street, Number:

ZIP code/City:

Phone (e.g. mobile):

E-Mail:

Signature:

#### Authority to represent

Until further notice the person authorized to represent and member entitled to vote is:

Name, Surname:

Address:

City, Date:

Signature:

The membership fee amounting to Euro will be paid  
(please fill in the amount in respect to the list of membership fee above)

by invoice

by SEPA-Direct Debit Mandate for recurring payments

Payee: Medical Valley EMN e. V.

Creditor-ID:

Mandate Reference:

I authorize / We authorize the payee, Medical Valley EMN Association, to collect payments from my / our account by direct debit. At the same time, I instruct my/we instruct our bank to redeem the direct debits drawn by the payee, Medical Valley EMN Association, on my / our account.

IBAN-No.:

BIC-No.:

Name of Bank:

Account Holder:

Note: I/we can demand reimbursement of the debited amount within eight weeks, starting with the debit date. The conditions agreed with my/our bank apply.

ZIP code/City, Date

Payer's signature  
(account holder)