

Licensing Authority
IHTSDO
Affiliate License Date
<i>For IHTSDO use only</i>



Affiliate License Registration Form

- For use only by Affiliates who are **not** located in an IHTSDO Member country; Affiliates located within an IHTSDO Member country **must** contact their National Release Center to obtain an Affiliate License

Affiliate Licensee Information	
Legal Name of Affiliate Licensee (organization or person)	
Registered Address	
Registered Address (Line 1)	
Registered Address (Line 2)	
City	State/Province
Postal Code	Country
Principal Contact (authorized to receive official notices)	
Contact Name	Title/Position
Postal Address (Line 1)	Same as Registered Address: <input type="checkbox"/>
Postal Address (Line 2)	
City	State/Province
Postal Code	Country
Telephone (country code – area/city – number – extension) + – – –	Fax (country code – area/city – number – extension) + – – –
Email Address	

Acceptance of Affiliate License Terms	
Affiliate License Accepted By (Name of Authorized Person)	Title/Position
Signature	Date (dd-MMM-yy)
By submitting this signed form to the International Health Terminology Standards Development Organisation, the Affiliate Licensee accepts the Terms and Conditions of the Affiliate License.	

This form may be submitted to the IHTSDO by fax or as a PDF email attachment:

- FAX: +45-44-44-87-36
- EMAIL: license@ihtsdo.org

For IHTSDO Use Only	
Approved for the IHTSDO By	Date Approved
Registered for the IHTSDO Support Organization By	Date Registered

Once the Affiliate License has been approved and registered by the IHTSDO, instructions for accessing the International Release of SNOMED CT will be sent to the Affiliate's email address provided above.