



The Society of Anesthesiology and Intensive Medicine of Northern Greece

The Greek e-journal of Perioperative Medicine

**APPLICATION
FOR REVIEWER / MEMBER OF EDITORIAL BOARD MEMBER**

Salutation:

Name:

Surname:

E-mail:

Phone:

Postal Address:

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Country:

Current Affiliation:

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Reviewing interests (be as concrete as possible, e.g. Neurocritical care- neurosonology, Prehospital emergency medicine, non-invasive mechanical ventilation, pediatric regional anesthesia, etc) **so as to facilitate the publication workflow process.**

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*Members of editorial board are accepted after 12 months of serving as reviewer.

Interested in becoming Editorial Board Member**: YES / NO

NB! Please, be aware, that rejecting reviewing submitting manuscripts 5 consecutive times or not meeting with the time deadlines for more than 3 times, automatically excludes you from the reviewers' panel (as this kind of inconsistency will cause difficulties to the regular publication of the journal.)

**Editorial Board Members are obliged to contribute with at least 1 manuscript/year. Otherwise they are excluded from the board.

Signature:

Date: