

ISMNI Membership Registration form

Please print and fax the completed form to Mrs Yvonne Beetz (Medical Event Solutions GmbH +49 30 700 789 5111)

I would like to become a member of the International Society of Musculoskeletal and Neuronal Interactions (ISMNI) and I agree with the Society's Bylaws. Membership Renewal

First Name	<input type="text"/>		
Initials	<input type="text"/>		
Last Name	<input type="text"/>		
Degree(s)	<input type="text"/>		
Specialty	<input type="text"/>		
Department	<input type="text"/>		
Institute	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>		
Phone(s)	<input type="text"/>		
Fax(s)	<input type="text"/>		
E-mail	<input type="text"/>		

Please tick the appropriate box:

Institutional Rate (110 Euros) **Personal Rate** (60 Euros) **Resident/Student Rate** (45 Euros)

Please indicate method of Payment:

By Bank Transfer

Berliner Sparkasse. Alexanderplatz 2, 10178 Berlin

Acc. No. 660 404 5038 BLZ: 100 500 00

Acc Holder's name: Medical Event Solutions GmbH, Mrs Yvonne Beetz,

IBAN: DE54 1005 0000 6604 0450 38. SWIFT/(BIC) Code: BELADEBEXX. Identification Number: DE 247500978.

By Credit Card

VISA MASTERCARD AMEX (American Express)

Card Holder's Name

As it appears on credit card

Card Number

Card Expiry Date

Card Security Code

Printed on the back side of your card

Signature

Date