



# International Society for Maxillofacial Rehabilitation

303 W. Madison St. Ste. 2650 · Chicago, IL 60606 · Tel: 1.312.265.2910 · Fax: 1.312.265.2908 · Email: info@ismr-org.com

## Dues for ISMR Members

## INVOICE

To submit this form, you must be a current member of the ISMR in good standing. All others must complete a New Member Application Form.

**DUES** (Annual- Jan-Dec) Doctors \$150 Allied Technicians \$150 \*Students \$50  
\*Must be enrolled or recent graduate (no more than 2 years) of an accredited maxillofacial/prosthetic program  
Students must submit a signed letter from your program chairman with this invoice

Dues are delinquent if not paid by December 1st of each year. Members not current with dues will be required to pay the Processing Fee (\$75) to reapply for membership.

**Journal** ó *The International Journal Prosthodontics* (one year's subscription- 6 issues) \$90 *Optional*

**Donations:** The ISMR has established an Outreach Program Fund. Outreach assignments assist our colleagues with educational presentations, research and patient services. ISMR members donate their time and services. However, donations are needed to cover travel expenses. In this endeavor we are asking our membership to consider a small donation to support our Outreach Program Fund.

**Membership benefits include:** reduced *The International Journal Prosthodontics* (IJP) subscription fee (optional), newsletters, discounted ISMR conference fees, internet ISMR Educational Courses (located on member page). Encourage your colleagues to join and remain active in the ISMR.

Visit **ISMR website...** Stay current with news! [www.ismr-org.com](http://www.ismr-org.com)

**Please print clearly**

**Name** \_\_\_\_\_ **Classification** \_\_\_\_\_  
*First (Given Name) Middle Int. Last (Family Name) (Doctor, Allied Technician or Student)*

**University/Institution** \_\_\_\_\_ **Student Only** Year enrolled: \_\_\_\_\_ Graduation date: \_\_\_\_\_

**Department** \_\_\_\_\_ **Student Only Program Chairman Name:** \_\_\_\_\_

**Address 1** \_\_\_\_\_ **Address 2** \_\_\_\_\_

**City** \_\_\_\_\_ **State (Province)** \_\_\_\_\_ **Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Tel** \_\_\_\_\_ **Fax** \_\_\_\_\_ **\*Email Address** \_\_\_\_\_  
*Include country code \*Required to process and reply with confirmation*

Forms of accepted payment: Check/Money Order - USA dollars. Drawn on USA bank note with bank account number. Payable to: **ISMR**

**Checks- Mail payment to:**

ISMR  
PO BOX 4543  
Carol Stream, IL 60197-4543 · USA

Tel: 1 (312) 265-2910  
Fax: 1 312 265 2908

**Amount Enclosed:** \_\_\_\_\_

- I am paying:*
- \$150- (Annual dues, do not send IJP)
  - \$240- (Dues + \$90 for one year IJP subscription-6 issues)
  - \*Students**  \$50- (Annual dues, do not send IJP)
  - \$140- (\$50 for Dues + \$90 for one year IJP subscription-6 issues)
  - \* Students must submit a signed letter from Program Chairman
  - \$25 Donation (optional) for Outreach Fund

**Credit Card-** If paying by credit card and wish to fax, complete credit information below and fax to ISMR Office: **1 (312) 265-2908**

**Credit Card Number:** \_\_\_\_\_ **CVV Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
*Print credit card number very clearly with large numbers 3 digit number on back of credit card*

**Name on Card:** \_\_\_\_\_ **Credit Card Billing Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_