



International Society for Maxillofacial Rehabilitation

ISMR · 4425 Cass Street, Suite A · San Diego, CA 92109 · Tel: 1.858.272.6560 · Fax: 1.858.272.7687 · Email: info@ismr-org.com

2011 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 – *The International Journal Prosthodontics* (one year's subscription- 6 issues) \$90 *Optional*

Donation: 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), membership certificate for new members, newsletters, discounted ISMR conference fees, internet ISMR Educational Courses (located on your member page- ISMR web site). Encourage your colleagues to join and remain active in the ISMR.

Visit **ISMR website**... Stay current with news and access our internet Educational Courses (member page)... 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
4425 Cass Street, Suite A
San Diego, CA. 92109 · USA

Tel: 1 (858) 272-6560
Fax: 1 858 272 7687

Amount Enclosed: _____

- I am paying:*
- \$150- (Dues for 2010(do not send IJP))
 - \$240- (Dues + \$90 for one year IJP subscription-6 issues)
 - *Students \$50- (\$50 dues for 2010 (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 (858) 272-7687**

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: _____