INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

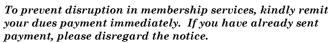
MAIR RESTORATION SURGERY

2010 ISHRS Dues

303 West State Street • Geneva, IL 60134 USA Phone 630-262-5399 • Fax 630-262-1520 • E-mail: info@ishrs.org • Website: www.ishrs.org

2010 Annual Dues Invoice January 1 – December 31, 2010







901	0 Dues	Early Bird Rate! Pay on time! amount due by Jan. 1st	Amount due by Feb. 15th	Amount due by April 1 st	Amount due after April 1st*	Discount for Automatic Dues Renewa			
	ysician Members ¹	\$510.00	\$535.00	\$560.00	\$560.00	\$25.00			
	junct Members ¹	\$510.00	\$535.00	\$560.00	\$560.00	\$25.00			
Res	sident Members ¹	\$185.00	\$210.00	\$235.00	\$235.00	\$25.00			
Sui	rgical Assistants ²	\$125.00	\$150.00	\$175.00	\$175.00	\$25.00			
	neritus Members ²	\$0.00	\$0.00	\$0.00	\$0.00 *ADR does not apply.	\$0.00			
N	ame:		You	r 2010 Dues:					
			Dice	ount for Automatic	Duos Ponowal	-\$25.00			
				Discount for Automatic Dues Renewal -\$25.00					
		al Code:	e	Enclosed Donat Annual Giving F					
C	ountry:		Total	S	unu · \$	USD			
M	ember ID:								
	ys to renew your m								
<u>***</u>	· · · · · · · · · · · · · · · · · · ·	card. Go to: http://www.registration	123.com/ishrs/DUES-2	2010/					
\bowtie	Mail check (U.S. currency) payable to: International Society of Hair Restoration Surgery, 303 West State Street, Geneva, IL 60134,								
		invoice and make a copy for your records.							
	Fax with credit care	rd to 630-262-1520							
	Sign up for the Automatic Dues Renewal program and save \$25.00 on your 2010 annual dues! Download the sign-up form from: http://www.registration123.com/ishrs/DUES-2010/ . Your dues will be charged annually to the credit card you provide. Those already in the program will receive the \$25.00 discount.								
	□ MasterCar	l MasterCard □ Visa □ American Express							
	Card numbe	ber:Exp. Date:							
	Name on ca	rd (print):							
	Signature:								
	Billing Addi	ress for Credit Card:							
	Postal Code	:							

Thank you for your membership in the ISHRS!

 $^{^{\}scriptscriptstyle 1}$ Dues include a subscription to the Hair Transplant Forum International and Dermatologic Surgery.

² Dues include a subscription to the *Hair Transplant Forum International*. Surgical Assistants must be employed by an ISHRS Physician Member.

³ The International Society of Hair Restoration Surgery is a 501 (c)(3) organization and tax-deductible voluntary charitable contributions unrelated to your dues may be made to the organization. ISHRS Tax I.D. Number: 71-0738276

⁴ Dues paid to the International Society of Hair Restoration Surgery are not deductible as a charitable contribution but may be deductible as a business expense related to your practice. Please consult your tax advisor for further information.

International Society of Hair Restoration Surgery

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2010 Member	Information	Sheet	for: Name:

Info Sheet due date: December 7, 2009

Keep your membership

record current

All Members Complete:

Circle \emph{ONE} address type for each category:

1. Send my mailings to:
Primary or Alternate
2. Use this for my listing for the ISHRS Website*:
Primary or Alternate
3. Use this for my listing for the ISHRS Membership Directory*:
Primary or Alternate

If you do not indicate differently above, the PRIMARY ADDRESS contact information, including e-mail address and company URL/website will be used for your primary mailing address, your listing on the ISHRS Website, and your listing in the 2008 Membership Directory.

*Members are to be listed only for locations where they possess a valid unrestricted medical license. The member must notify the Secretary within 60 days if there is an error or change in their listing as it relates to where they possess a valid medical license.

DDIMADY ADDRESS (DI	Indicate corrections in space below
PRIMARY ADDRESS (Please write	
Full Name:	
Address:	
City, State and Postal Code:	
Country:	
Telephone:	
Fax:	
E-mail:	
Website/URL:	
ALTERNATE ADDRESS	
Address:	
Address:	
City, State, Postal Code:	
Country:	
Telephone:	
Fax:	
E-mail:	
Website/URL:	
Surgical Assistants Complete: List your current employing physician. Th	ne physician must be an ISHRS Physician Member:
262-1520. ☐ Add a link from your website to the ISHRS w ☐ Don't forget to add/edit your Physician Profile	December 7, 2009 to have changes reflected in the 2010 Membership Directory. Fax to: 630-vebsite. For details go to: http://www.ishrs.org/ishrs-links.htm#link-to-us e on the ISHRS website to keep it current. http://www.ishrs.org/ishrs-links.htm#link-to-us e on the ISHRS website to keep it current. http://www.ishrs.org/ishrs-links.htm#link-to-us e on the ISHRS website to keep it current. http://www.ishrs.org/ishrs-links.htm#link-to-us e on the ISHRS website to keep it current.
Members of the ISHRS are responsible to adher below to indicate you will adhere to the <i>Bylaws</i>	re to the ISHRS Bylaws and Code of Ethics. See reverse side for Code of Ethics. Please sign and Code of Ethics.
Signature:	_Date: