



# INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

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

## 2011 Annual Dues Invoice January 1 – December 31, 2011



### INVOICE

Dues renewals due by: **January 1, 2011**

*To prevent disruption in membership services, kindly remit your dues payment immediately. If you have already sent payment, please disregard the notice.*

2011 Dues	Early Bird Rate! Pay on time! amount due by Jan. 1 <sup>st</sup>	Amount due by Feb. 15 <sup>th</sup>	Amount due by April 1 <sup>st</sup>	Amount due after April 1 <sup>st</sup> *	Discount for Automatic Dues Renewal
Physician Members <sup>1</sup>	\$510.00	\$535.00	\$560.00	\$560.00	-\$25.00
Adjunct Members <sup>1</sup>	\$510.00	\$535.00	\$560.00	\$560.00	-\$25.00
Resident Members <sup>1</sup>	\$185.00	\$210.00	\$235.00	\$235.00	-\$25.00
Surgical Assistants <sup>2</sup>	\$125.00	\$150.00	\$175.00	\$175.00	-\$25.00
Emeritus Members <sup>2</sup>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\*ADR does not apply.

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_

Your 2011 Dues:	_____
Discount for Automatic Dues Renewal	-\$25.00
<b>Use Enclosed Donation Form for Annual Giving Fund<sup>3</sup></b>	
<b>Total<sup>4</sup>:</b>	<b>\$_____ USD</b>

Member ID: \_\_\_\_\_

#### Ways to renew your membership:

- Online with credit card, go to: <http://www.registration123.com/ishrs/DUES-2011/>
- Mail check (U.S. currency) payable to: **International Society of Hair Restoration Surgery**, 303 West State Street, Geneva, IL 60134, USA. Include this invoice and make a copy for your records.
- Fax with credit card to 630-262-1520
- Sign up for the Automatic Dues Renewal program and **save \$25.00** on your 2011 annual dues!  
Your dues will be charged annually to the credit card you provide. Those already in the program will receive the \$25.00 discount.

MasterCard     Visa     American Express

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### Thank you for your membership in the ISHRS!

<sup>1</sup> Dues include a subscription to the *Hair Transplant Forum International* and *Dermatologic Surgery*.

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

<sup>3</sup> 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

<sup>4</sup> 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**  
**2011 Member Information Sheet for: Name: \_\_\_\_\_**

Info Sheet due date: **December 10, 2010**



**All Members Complete:**

Circle **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 2011 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.

**Indicate corrections in space below**

**PRIMARY ADDRESS (Please write clearly, thank you)**

**Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**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. The physician must be an ISHRS Physician Member: \_\_\_\_\_

**Checklist:**

- Complete this Member Information Sheet by **December 10, 2010**, to have changes reflected in the 2011 Membership Directory. Fax to: 630-262-1520.
- Add a link from your website to the ISHRS website. For details go to: <http://www.ishrs.org/ishrs-links.htm#link-to-us>
- Don't forget to add/edit your Physician Profile on the ISHRS website to keep it current.
- Mark your calendar for the 19<sup>th</sup> Annual Scientific Meeting in Anchorage, Alaska, September 14-18, 2011.
- Sign the statement below.

Members of the ISHRS are responsible to adhere to the ISHRS *Bylaws* and *Code of Ethics*. See reverse side for *Code of Ethics*. Please sign below to indicate you will adhere to the *Bylaws* and *Code of Ethics*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return by fax to International Society of Hair Restoration Surgery**  
**FAX: 630-262-1520**