



INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

303 West State Street • Geneva, IL 60134 USA
Phone 1-630-262-5399 • Fax 1-630-262-1520 • E-mail: info@ishrs.org • Website: www.ishrs.org

2013 Annual Dues Invoice January 1 – December 31, 2013



INVOICE

Dues renewals due by: **January 1, 2013**

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

2013 Dues	Early Bird Rate! Pay on time! amount due by Jan. 1 st	Amount due by Feb. 15 th	Amount due by April 1 st	Amount due after April 1 st *	Discount for Automatic Dues Renewal
Physician Members ¹	\$600.00	\$625.00	\$650.00	\$675.00	-\$25.00
Adjunct Members ¹	\$600.00	\$625.00	\$650.00	\$675.00	-\$25.00
Resident Members ¹	\$185.00	\$210.00	\$235.00	\$235.00	-\$25.00
Surgical Assistants ²	\$125.00	\$150.00	\$175.00	\$175.00	-\$25.00
Emeritus Members ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*ADR does not apply.

Name: _____
Address: _____
Address: _____
City, State, Postal Code: _____
Country: _____

Member ID: _____

Your 2013 Dues:	\$«Membership_Fee».00
Discount for Automatic Dues Renewal	-\$25.00
Use Enclosed Donation Form for Annual Giving Fund³	\$ _____
Donation to Operation Restore Pro Bono Program	\$ _____
Total⁴:	USD \$ _____

Ways to renew your membership:

- Online with credit card, go to: http://www.registration123.com/ishrs/DUES_2013/
- 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: 1-630-262-1520
- Sign up for the Automatic Dues Renewal program and **save \$25.00** on your 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!

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

2013 Member Information Sheet for:

NAME: _____

Info Sheet due date: **December 12, 2012**



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 2013 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: _____

Surgical Assistants Complete:

List your current employing physician: _____ (The employing physician must be an ISHRS Physician Member)

Checklist:

- Complete this Member Information Sheet by **December 12, 2012**, to have changes reflected in the 2013 Membership Directory.
- Add a link from your website to the ISHRS website. For details go to: <http://www.ishrs.org/ishrs-links.htm#link-to-us>
- Mark your calendar for the 21st Annual Scientific Meeting in San Francisco, California, USA on October 23-27, 2013.
- Sign the statement below.

You represent that: you read the ISHRS Membership Agreement on the back of this document; you know its contents; you entered into it as a free and voluntary act; and you agree to abide by its terms as a condition of your ISHRS membership.

Signature: _____ Date: _____

Return to International Society of Hair Restoration Surgery

Fax: 1-630-262-1520 or scan/e-mail to info@ishrs.org

ISHRS Membership Agreement

By becoming an International Society of Hair Restoration Surgery (“ISHRS”) member, you agree to be bound by this Membership Agreement which forms a legally enforceable contract between ISHRS and you.

In consideration for membership in ISHRS:

- 1. Membership.** As an ISHRS member, you will enjoy the rights and privileges identified in ISHRS Articles of Incorporation, Bylaws, and/or other policies. ISHRS may alter member rights, privileges, and responsibilities in its discretion and without any liability to you.
- 2. Dues.** You agree to pay all dues established by ISHRS in the manner and within the time specified by ISHRS.
- 3. Governing Documents Adherence.** You agree to abide by ISHRS’ Articles of Incorporation, Bylaws, Code of Ethics, Code of Ethics Disciplinary Procedures, and other ISHRS policies, procedures, and rules (collectively “Governing Documents”). Without limiting the foregoing, you agree ISHRS may discipline you as provided in the Governing documents.
- 4. Disclaimer.** You agree your ISHRS membership and any goods and services provided by ISHRS in connection therewith (collectively “Services”) are provided AS-IS without any representations or warranties of any kind or nature express, implied, or statutory. ISHRS disclaims all representations and warranties, express, implied, and statutory, including, but not limited to, any implied warranties of merchantability, fitness for a particular purpose, workmanship, and non-infringement to the fullest extent permitted by applicable law.
- 5. Defense, Indemnification, and hold harmless.** You shall defend, indemnify, and hold harmless ISHRS and its directors, officers, employees, volunteers, agents, and other representatives and contractors (collectively “Indemnified Parties”) against all claims, demands, actions, causes of action, losses, damages, costs, and expenses of any kind (including, without limitation, legal fees and costs), directly or indirectly resulting from, arising out of, or in any way related to your ISHRS membership.
- 6. Waiver of Liability.** YOU HEREBY WAIVE ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, AND DAMAGES OF ANY KIND OR NATURE, YOU MAY HAVE AGAINST ISHRS AND/OR THE INDEMNIFIED PARTIES DIRECTLY OR INDIRECTLY RESULTING FROM, ARISING OUT OF, OR IN ANY WAY RELATED TO YOUR MEMBERSHIP IN ISHRS INCLUDING, BUT NOT LIMITED TO, ANY DISCIPLINE IMPOSED ON YOU BY ISHRS. THIS WAIVER OF LIABILITY APPLIES TO ALL CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, AND DAMAGES OF ANY KIND OR NATURE WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, DIRECT, INDIRECT, GENERAL, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, STATUTORY, CONTRACTUAL, OR DAMAGES OR LOSSES OF ANY OTHER KIND OR TYPE. THIS WAIVER OF LIABILITY APPLIES WHETHER THE ALLEGED LIABILITY IS BASED ON CONTRACT, NEGLIGENCE, TORT, STRICT LIABILITY, OR ANY OTHER BASIS AND EVEN IF THE INDEMNIFIED PARTIES KNEW OR SHOULD HAVE KNOWN OF THE POSSIBILITY OF SUCH DAMAGES. THIS WAIVER OF LIABILITY SHALL BE ENFORCEABLE TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW.
- 7. Attorney’s Fees and Costs.** Should ISHRS require an attorney to: (i) defend any claim, action, or cause of action brought by you or by a third party regarding your ISHRS membership or conduct; and/or (ii) enforce ISHRS’ rights under this Agreement, ISHRS shall be entitled to recover reasonable attorney’s fees and any related fees and costs incurred by ISHRS in connection therewith.
- 8. Governing Law and Choice of Forum.** This Agreement was entered into in the State of Illinois, and shall be governed by and construed in accordance with the substantive laws of the State of Illinois, excluding its choice of law rules. Any dispute arising out of this Agreement shall reside in either Cook County Circuit Court or the United States District Court for Northern Illinois.
- 9. Miscellaneous.** If any provision of this Agreement is unenforceable, the unenforceability of that provision shall not affect the enforceability of any other provision. If ISHRS agrees to waive its right in a particular instance to enforce any term of this Agreement, it does not waive its right to enforce such term at any other time. This Agreement constitutes the entire agreement between ISHRS and you regarding the subject matter hereof. There are no representations, understandings, or agreements that are not fully expressed in this Agreement. All prior agreements, verbal or written, are no longer effective. Provisions 2 through 9 shall survive the termination of your ISHRS membership.