



# INTERNATIONAL SOCIETY of NEUROIMMUNOLOGY

Title	<input type="text"/>
Last Name	<input type="text"/>
First name	<input type="text"/>
Institution	<input type="text"/>
Department	<input type="text"/>
Address	<input type="text"/>
Zip Code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email Address	<input type="text"/>

- |  |  |
|--|--|
| <input type="checkbox"/> <b>NEW MEMBERSHIP APPLICATION</b> | <input type="checkbox"/> MEMBERSHIP RENEWAL 2008 |
| <input type="checkbox"/> MEMBERSHIP RENEWAL 2006           | <input type="checkbox"/> MEMBERSHIP RENEWAL 2009 |
| <input type="checkbox"/> MEMBERSHIP RENEWAL 2007           | <input type="checkbox"/> MEMBERSHIP RENEWAL 2010 |

### Annual membership

ORDINARY € 75

TRAINEES € 20 \*

\* students and post-docs (proof of status required eg. letter from dept. head or supervisor)

**TOTAL AMOUNT TO BE PAID:** \_\_\_\_\_ **Euro**

### Please pay by (check one)

VISA

MASTERCARD

AMERICAN EXPRESS

Number	<input type="text"/>
Expiration Date	<input type="text"/>
Signature	<input type="text"/>

### Contact

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