



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"/>

MEMBERSHIP RENEWAL 2005

NEW MEMBERSHIP APPLICATION

MEMBERSHIP RENEWAL 2006

MEMBERSHIP RENEWAL 2007

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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