

RESERVATION FORM FOR IALMS MEMBERSHIP

Please print clearly:

Name: _____ Title: _____ Institution: _____

Address: _____ Postal Code _____ City _____ Country _____

Telephone _____ FAX _____ Email _____

Specialty _____ Type of Member _____

It is my intention to apply for IALMS membership for the year

Please indicate your choice(s) by ticking the appropriate box(es)

Type of membership	Eurodollars	SELECT
Founding: are members who have participated in the act of foundation or who will be admitted as such, up until 31 December 2000.	70	<input type="checkbox"/>
Honorary: are nominated by Executive Committee for very high scientific and cultural merits. They do not pay the subscription fees.	COMPLIMENTARY	<input type="checkbox"/>
Fellow: after five years of membership, or after <i>three</i> presentations at different Academy Congresses and/or publications in the Academy Journal. Fellowship is by application to the Executive Committee	70	<input type="checkbox"/>
Ordinary: all the other members. Members are expected to pay the admission fees prevailing at the time of their admission.	100	<input type="checkbox"/>
Scientific Societies and Associations : these pay one USD for each of their member, and each Society with minimum of 200 members can have one representative in the Executive Committee upon application.	1 PER MEMBER	<input type="checkbox"/>
Manufacturers: they cannot have a member in the Executive Committee; They can use the logo of the Academy on their brochures, subject to the approval of the Executive Committee.	500	<input type="checkbox"/>
Student: , based upon presentation of the curriculum vitae	70	<input type="checkbox"/>

The rates include a 1-year subscription to the peer-reviewed journal Lasers in Medical Science (6 issues plus supplements in 2009) published by Springer.

I send with this form the total amount of the relevant fees (Please refer to the table above)

Payment may be made **(In Euro Dollars)** as follows:

- By certified bank cheque or draught or international money order, in favour of IALMS
- By direct bank transfer in favour of IALMS (see details below)
- By credit card (fill in details below)
-

With the cheque No: _____ of the Bank: _____

Or the copy of the cheque No: _____ of the Bank _____

Or: I have made a bank transfer on (date): _____ From (Name of your bank) _____

(An official copy of the bank transfer should be enclosed with your reservation form)

**Banca di Roma, Agenzia 4 Firenze - account IALMS 65135531
IBAN IT79F0300202819000065135531 BIC CODE UNCRITMM BROMITTRDFIX**

Make bank transfers payable to **IALMS - BORGO PINTI, 57 I - 50121 FIRENZE FAX 0039 05539069632 - ialms@laserflorence.org -**

Or: I wish to pay by credit card : MASTERCARD _____ VISA _____ AMEX _____

Name on Card: _____

Card Number: _____ **Expiry Date** _____

Security Code _____ **Cardholder's Signature** _____ **Date:** _____