



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

2010 Annual Dues Invoice January 1 – December 31, 2010



INVOICE 2010 ISHRS Dues

Dues renewals due by: **January 1, 2010**

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

2010 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	\$510.00	\$535.00	\$560.00	\$560.00	\$25.00
Adjunct Members ¹	\$510.00	\$535.00	\$560.00	\$560.00	\$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 2010 Dues:	_____
Discount for Automatic Dues Renewal	-\$25.00
Use Enclosed Donation Form for Annual Giving Fund³	
Total⁴:	\$_____ USD

Ways to renew your membership:

- Online with credit card. Go to: <http://www.registration123.com/ishrs/DUES-2010/>
- 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 2010 annual dues! Download the sign-up form from: <http://www.registration123.com/ishrs/DUES-2010/>. 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
2010 Member Information Sheet for: Name: _____

Info Sheet due date: **December 7, 2009**



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 2008 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 7, 2009** to have changes reflected in the 2010 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 18th Annual Scientific Meeting in Boston, Massachusetts: October 20-24, 2010
- 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