ISBS

INTERNATIONAL SOCIETY FOR BIOPHYSICS
AND IMAGING OF THE SKIN

APPLICATION FORM

Name _____

Firstname _____

Birthdate _____

Citizenship _____

Private Address _____

Tel _____ Fax _____

Email _____

Degree or Title _____

Undergraduate _____ Degree _____

Medical Graduatee _____ Degree _____

Residency _____

(Postgraduate Training) _____ Degree _____

Profession/Working Place _____

Working Address _____

_____

_____

Special Interests in Bio-
Engineering and Science _____

My preferred mailing address is: □ my private address □ my working address.

I agree to abide by the bylaws of the Society and enclose payment of EUR 100,- membership dues.

Date _____ Signature _____

Includes subscription of SKIN RESEARCH AND TECHNOLOGY

□ Enclosed is a check made payable to ISBS and drawn to an admitted bank

□ Please charge my credit card: □ MC □ VISA

Exp. Date:

Sec. Code:

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