

SUSTAINING MEMBERSHIP APPLICATION

International Sentinel Node Society

2200 Santa Monica Blvd.
Santa Monica, CA 90404
(310) 829-8781

Please print or type

Name _____ M.D. _____ D.O. _____ Ph.D. _____ Other _____

Company Name _____

Description of business or services: _____

Field of Expertise _____ Years with Company _____

Primary Office Address _____

City _____ State/Prov. _____ Zip _____ Country _____

Phone #1 (____) _____ Phone #2 (____) _____ Fax (____) _____ Email _____

Other company members who would be involved with the activities of the Society:

Extent of involvement or participation by Sustaining Member:

- | | |
|--|--|
| <input type="checkbox"/> Research/Scientific Information | <input type="checkbox"/> Financial Support |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newsletter | |

Date of Application: _____

Signature of Applicant

PLEASE NOTE: An incomplete or unsigned application will not be processed

<p>SUSTAINING MEMBERSHIP ANNUAL DUES \$300 (USD) (Payable with application)</p>
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Please return completed application with your Sustaining Membership annual dues to:

International Sentinel Node Society

2200 Santa Monica Boulevard

Santa Monica, CA 90404

ATTENTION: Joel M. Pollack - Membership