ISPAD Membership Application Form

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Conference Secretariat
c/o K.I.T. GmbH Association & Conference Management Group & Co. KG
Kurfürstendamm 71, 10709 Berlin, Germany

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One copy of this form should be completed for each applicant. Please type or print clearly in CAPITALS.

Personal Information (all fields are mandatory)

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof Birthday _____

Last name _____ First name _____

Company / Institution _____ Department _____

Street / P.O. Box _____ ZIP Code _____ City _____

Country _____ Phone _____ Fax _____

Email _____ Institution´s Website _____

Scientific Information

Main research topics _____

Profession ☐ Doctor ☐ Dietitian ☐ Nurse ☐ _____

Please indicate two current members of ISPAD who can endorse your application.

1. Name _____ Email _____

2. Name _____ Email _____

Membership requirements include completing this application plus a brief CV summarizing your current work and interest in pediatric and adolescent diabetes. Please attach the CV to this application. Annual Fees are 100 USD (including subscription of Pediatric Diabetes) payable by credit card only. Herewith I authorize the ISPAD Secretariat, K.I.T. GmbH & Co. KG, to charge my credit card with the amount of 100.00 USD, to become a member of ISPAD.

☐ Visa
☐ Mastercard

Credit Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date ☐☐/☐☐

Card Verification Code (last three digits on reverse side of the card) ☐☐☐

_____ _____
Cardholder Signature

_____ _____
Date, Place Signature