



INTERNATIONAL SOCIETY OF INTRAOPERATIVE NEUROPHYSIOLOGY

Membership Application

The goal of ISIN (International Society of Intraoperative Neurophysiology) is pursuing the advancement and excellence in intra and peri-operative neurophysiology. To apply for a membership please fill in this form and hand it in along with the required documents.

Categories of Membership (choose one)

- Active member: Active members shall be MDs, PhDs, or doctorate level clinical neurophysiologists, with a primary function or active interest in Intraoperative Neurophysiology.
- Annual membership fee: 150 €, one-time admission fee: € 50,00.
 - Please **include your CV and a copy of your certificate(s)** in the application.
- Associate member: Active Supporters shall be registered technicians and nurses active in Intraoperative Neurophysiology.
- Membership fee: 50 €, one-time admission fee: €50,00.
 - Please **include your CV and your degree certificate(s)** in the application.
- Senior member: At any time of retirement from active Intraoperative Neurophysiology, members and supporters may apply to the Executive Board for Senior Membership.
- The one-time admission fee: € 50,00.
 - Please **include your CV** and your degree certificate(s) in the application

Check all disciplines that apply

- | | | | | |
|---|--|--|---------------------------------------|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> ENT | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Cardio-thoracic | <input type="checkbox"/> Nurse | <input type="checkbox"/> CRNA |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Neurophysiology | <input type="checkbox"/> Engineer | <input type="checkbox"/> Technician | <input type="checkbox"/> Other _____ |

Specialty: _____

Personal details

Female Male

Family name: _____

First name: _____

Street address: _____

City: _____ State: _____

Postal code: _____ Country: _____

Telephone and Fax:

country code: _____ number: _____

country code: _____ number: _____

E-mail: _____

I've included all required documents

Signature: _____

Send application including documents by e-mail to: isin@imk.ch

Payment

We kindly ask you to transfer the admission fee (50 €) to the following bank account:

UBS account EUR
Address bank UBS AG, Postfach 4473, 4002 Basel
Account holder ISIN International Society of Intraoperative
Neurophysiology c/o IMK AG,
Münsterberg 1, 4051 Basel
Account-Nr. 0233-577310.60W
IBAN CH75 0023 3233 5773 1060 W
SWIFT UBSWCHZH80A
Clearing-Nr. 233

Contact

Office of the ISIN
c/o IMK (Institute for medicine and
communication Ltd.)
Münsterberg 1
CH- 4001 Basel
Switzerland

E-Mail: isin@imk.ch
Fax: 0041 61 271 33 38