



INTERNATIONAL SOCIETY OF UROLOGICAL PATHOLOGY
(website: www.isuporg.org)

2010 DUES STATEMENT/APPLICATION FORM

Please complete all information!

Name _____

Institution _____

Mailing address _____

E-mail address (you must list an e-mail address for yourself or for an assistant who can receive dues notices and communications for you) _____

Telephone _____

Fax _____

Please check the following:

_____ 2010 dues only (\$40)

_____ Three-year dues (2010, 2011, and 2012) (total \$100)

Dues may be paid by MasterCard or Visa or by a check in US currency, drawn on a US bank and free of all charges. Checks should be payable to the International Society of Urological Pathology. Only individuals who have paid their dues will be considered active member. If you pay by credit card, you must complete the following information:

Mastercard or Visa (circle one)

Credit Card Number _____

Expiration Date _____

Cardholder's name _____

Cardholder's signature _____

All correspondence and payment, including this form, should be returned to the following address:

Liang Cheng, M.D.
Treasurer, International Society of Urological Pathology
Department of Pathology and Laboratory Medicine
Indiana University School of Medicine
350 West 11th Street, CPL Room 4010
Indianapolis, IN 46202, USA
Fax: 1-317-491-6419
E-mail: liang_cheng@yahoo.com