



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

2010 APPLICATION FORM FOR RESIDENTS

Please complete all information!

Name _____

Institution _____

Current Level of Training: PGY _____

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 electronically in the future) _____

Telephone _____

Fax _____

2010 DUES have been set at \$40 US. **The dues are waived for residents.**

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

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