



Membership Application Form

The applicant must submit to the office of the Secretary-Treasurer:

Dr. K. Rajender Reddy
Professor of Medicine
Hospital of the University of Pennsylvania
Division of Gastroenterology
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Constituent Association: AFASLD AASLD APASL EASL LAASL

Personal Information:

| | | | |
|-----------------|----------------------|------------------|----------------------|
| Surname: | <input type="text"/> | Zip/Postal Code: | <input type="text"/> |
| First Name: | <input type="text"/> | Country: | <input type="text"/> |
| Address: | <input type="text"/> | Telephone: | <input type="text"/> |
| City: | <input type="text"/> | Fax: | <input type="text"/> |
| State/Province: | <input type="text"/> | E-mail: | <input type="text"/> |

IMPORTANT PAYMENT INFORMATION

The one-year membership fee to IASL is 140.00 US Dollars / 111 Euros / 74 GBP. It comprises membership subscription to Liver International and entrance at reduced rates to the biannual IASL meeting.

After having sent this application form to the office, please go to our website www.iaslonline.com for online payment:

Press the "Publication" button, then "Liver International",

Go to the "Membership" section on the left margin and

Click on the amount due to your home region. Then follow further instructions.

Once payment is received, you will begin to receive your copy of Liver International. Your name, home town and country will be published for approval by the membership on our website.

Education:

| | Name of Institution: | Degree: | Date Graduated: |
|-----------------|----------------------|----------------------|----------------------|
| Medical School: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Post Graduate Training:

| Name of Institution: | Inclusive Dates: |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Hepatology Training:

| Name of Institution: | Position/Degree: | Inclusive Dates: |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Last University Appointments:

| Name of Institution: | Title: | Inclusive Dates: |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Last Hospital Appointment:

| Name of Institution: | Title: | Inclusive Dates: |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Professional Activity:

What proportion of time does the nominee spend in:

| | |
|-----------------|-----------------------------------|
| Practice _____% | (% practice in hepatology _____) |
| Teaching _____% | |
| Research _____% | |
| Other _____% | Specify: <input type="text"/> |

Publications:

State the title, authors' names as they appear in the journal, volume, inclusive pages, and date of publication. List your four best (peer review journal) published papers (in the last 5 years) only. Please attach additional sheet of paper if more room is needed.