



## International Society of Craniofacial Surgery

**DUES 2007-2009** (Deadline extended to May 1, 2007)

☐ Active, Active Research, or Active Craniofacial Orthodontist Member

☐ Associate Member

☐ Corresponding Member

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

### Payment Options:

☐ **Bank Check** payable in US\$ to : International Society of Craniofacial Surgery

☐ **Credit Card:**

☐ Visa

☐ MasterCard

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Authorized Amount = US\$ \_\_\_\_\_

	<b>Bank Check</b>	<b>Visa/MasterCard</b>
Dues for Active Member	\$ 250.00	\$ 275.00
Dues for Associate Member	\$ 250.00	\$ 275.00
Dues for Corresponding Member	\$ 100.00	\$ 110.00

*\*N.B. If paying by check, please attach your check to this completed form and mail both to the address below. If paying by credit card, mail or fax this form to the address below :*

**Dr. Eric Arnaud**  
**ISCFS Secretariat**  
 130 Rue de la Pompe  
 75116 PARIS, France

*If any questions :*  
**Phone : +(33) -1 47 27 44 31 (ask for Susan)**  
**Fax : +(33) -1 47 27 65 15**  
**e-mail : info@iscfs.org**