



International Society of Ocular Oncology

Application for Membership

Personal Data

Last Name: _____

First Name: _____

Middle Initial: _____

Mailing Address

Street Address 1 : _____

Street Address 2 : _____

City: _____

State: _____

Country: _____

Postal code _____

Telephone (Office) Country code – City Code – Telephone Number: _____

Telephone (Home) Country code – City Code – Telephone Number: _____

Telephone (Mobile) Country code – City Code – Telephone Number: _____

Fax Number Country code – City Code – Telephone Number: _____

E-mail Address: _____

Confirm E-mail Address: _____

Gender

Male

Female

Date of Birth

MM-DD-YYYY : ____ _

Education and Training

Basic Professional Training

Field of Education: _____

(Medicine/Biology/Physics etc)

Name of the College/University: _____

City, State and Country: _____

Qualifying Degree (MBBS/MD/ MS/BSc etc.): _____

Month and Year (MM/YYYY): _____

Specialty Training

Field of Specialization: _____

(Ophthalmology/Pathology/Genetics/Radiation Oncology etc.)

Name of the College/University: _____

City, State and Country: _____

Qualifying Degree (MD/MS/FRCS/PhD etc.): _____

Month and Year (MM/YYYY): _____

Subspecialty Training

Subspecialty: _____

(Ophthalmic Plastic Surgery/Retina/Oncology etc.)

Name of the Hospital/College/University: _____

City, State and Country: _____

Qualifying Degree (MD/MS/FRCS/PhD/Fellowship etc.): _____

Month and Year (MM/YYYY): _____

Research and Publications

Mention five most recent publications in areas related to tumors of eye and adnexa

If you do not have publications, mention conference abstracts in areas related to tumors of eye and adnexa

If you do not have abstracts, mention research projects in areas related to tumors of eye and adnexa

Areas of Interest

(Check all applicable)

Eyelid tumors

Ocular surface tumors

Uveal melanoma

Other uveal tumors

Retinoblastoma

Other retinal tumors

Other intraocular tumors

Optic nerve tumors

Orbital tumors

Cancer biology

Cancer Etiology

Cancer Genetics

Cancer Diagnostics

Cancer Pharmacology

Cancer Therapeutics

Cancer Prognosis

Pathology

Undertaking

By submitting this application online, I agree that I have read it and fully understood it and I agree that the information provided is true, accurate and complete. I authorize and consent to the review and verification of my application in good faith. I understand that I may become the member of ISOO only upon affirmative recommendation by the Chairman, Membership Committee and my subsequent election to that status by the voting members. I agree that my continued status as a Member will be subject to all the terms and conditions of the Bylaws of ISOO and annual renewal of membership by timely payment of dues.

I agree I do not agree

ISOO Secretariat will notify you of your membership status following verification of your application by the Chairman, Membership Committee. In the rare event that your membership application is rejected, your application fee will not be refunded. Final election to membership is conducted by vote at the ISOO Business Meeting or by Electronic Vote as deemed fit.

Membership Fee

Membership fee US \$ 100

Method of Payment

Credit card

Check

Bank draft

Credit Card

Credit card number: _____

Expiration date MM-YYYY: _____

Name on card: _____

Card holder's billing address 1: _____

City: _____
State: _____
Postal Code: _____
Country: _____

Card holder's billing address 2: _____

City: _____
State: _____
Postal Code: _____
Country: _____

Signature: _____

Check/Bank draft

Please draw check/bank draft in favor of "International Society of Ocular Oncology"

Check/Bank draft number: _____

Check/Bank draft Bank of issue: _____

Check/bank draft Date of issue: _____

Please mail the completed application form to

Sandra Dailey
Executive Secretary, ISOO
Ocular Oncology Service
Wills Eye Hospital
840 Walnut Street
Philadelphia, PA 19107, USA