

PLEASE JOIN/RENEW ONLINE
www.isctm.org

OR COMPLETE AND RETURN THIS MEMBERSHIP APPLICATION TO:

ISCTM Secretariat Office
P.O. Box 128061
Nashville, TN 37212 USA
PHONE: +(1) (615) 383-7688
FAX: + (1) (615) 296-0454
EMAIL: isctm@ isctm.org

I am a **New Member** I am a **Renewing Member**

Last Name		First Name & Middle Initial	
<input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____		Degree(s)	
Company			
Mailing Address (Line 1)			
Mailing Address (Line 2)			
Mailing Address (Line 3)			
City, State/Province, Zip/Postal Code		Country	
Telephone Numbers (include country code)			
Business:		Fax:	
Home:		Mobile:	
E-Mail Address			<input type="checkbox"/> Do not publish my email in the ISCTM Directory.
Sector(s)			
<input type="checkbox"/> Academia		<input type="checkbox"/> Site Personnel	
<input type="checkbox"/> Pharma		<input type="checkbox"/> Operations	
<input type="checkbox"/> Regulatory		<input type="checkbox"/> Business Development	
		<input type="checkbox"/> Other	
Fees: (For description of Fee categories, please see page 2)			
<input type="checkbox"/> Industry US\$ 600 <input type="checkbox"/> Regular US\$ 150 <input type="checkbox"/> Trainees US\$ 75 <input type="checkbox"/> Developing World US\$ 50			
PLEASE NOTE: IF YOU ARE A NEW MEMBER – FEES ARE PRORATED TO ½ of ABOVE FOR REMAINDER OF 2010			
Total Due:			
Payment Options: Please indicate your choice of payment (Check, Credit Card or Bank Transfer)			
<input type="checkbox"/> Check is enclosed		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
<input type="checkbox"/> Please charge above amount to my Credit Card.			
Cardholders Name: _____		Signature: _____	
Card Number: _____		Expiration Date: _____	
<input type="checkbox"/> ...Bank Transfers ADD \$50US for wire fees ...		-- Please contact the Secretariat if you wish to pay by bank transfer. --	
Currency exchange charges or bank collection fees are not included in the total costs and are to be paid by the member.			
<input type="checkbox"/> I am interested in serving on an ISCTM committee(s).			
Would you like to recommend a colleague for membership? Please include name and contact information here:			
Name: _____		Contact email: _____	

ISCTM Categories of Membership

There are five categories of membership: Regular, Industry, Developing World, Trainee and Sustaining Corporation. The rights and privileges for each category are detailed below.

- **Regular Membership**

Includes members from Academia, Industry-Related Small Business, NIH, Regulatory Agencies as well as other governmental or non-governmental not-for profit organizations. This includes members from organizations whose association with the ISCTM, though relevant to the mission of the society, may be more policy-based than scientific in nature.

May vote and hold office.

Receive reduced meeting registration fees.

- **Industry Membership**

Includes members from Pharmaceutical companies and Contract Research Organizations that do not hold Sustaining Corporation Membership.

May vote and hold office.

Receive reduced registration fees

- **Developing World Membership**

Members from countries designated as Developing World countries according to the World Bank definition.

May vote and hold office.

Receive reduced registration fees.

- **Trainee Membership**

Members who hold student status, interns, post-doctoral fellows, and other individuals working or studying in the field of CNS clinical trials, who do not hold, and are not qualified to hold, a full time position in an academic institution or corporation.

May not vote or hold office.

Receive reduced registration fees.

- **Sustaining Corporation Memberships**

Members designated by Corporations who have become Sustaining Corporation Members.

May vote and hold office, however, if the Sustaining Corporation does not renew its membership, or renews and does not include individual at time of renewal then the member must renew individually to maintain voting and office holding privileges.

Receive reduced registration fees.

ISCTM Secretariat Office
P.O. Box 128061
Nashville, TN 37212 USA
PHONE: +(1) (615) 383-7688
FAX: + (1) (615) 296-0454
EMAIL: isctm@isctm.org