

National Neurotrauma Society

P.O. Box 143060

Gainesville, Florida 32614 USA

Phone: 352/ 213-8656

Fax: 305/ 704-3814

INVOICE

Name (include titles, M.D., Ph.D., etc): _____

Address: _____

E-Mail (needed for future Society communications): _____

Phone: _____

Please pay promptly to insure timely receipt of Journal of Neurotrauma plus continued membership.

Please select membership type for National Neurotrauma Society:

Select appropriate membership type for January 2009 - December 2009:

___ \$185.00 - Membership dues through 2009 with 12 monthly issues of the *Journal of Neurotrauma* for Jan - Dec 2009

___ \$ 50.00 - Student membership with online subscription to the *Journal of Neurotrauma* through 2009

For membership in the Women in Neurotrauma Research (January - December 2009), mark here and pay to the National Neurotrauma Society:

___ \$30.00 dues for 2009 Women in Neurotrauma Research

___ \$10.00 dues for students/post doc. membership to 2009 Women in Neurotrauma Research

Please pay in U.S. currency from a check drawn from a U.S. bank and made payable to the National Neurotrauma Society (Tax ID # 76-0520736) or by credit card below:

Credit card payment (Mastercard, Visa and American Express only)

Please check card type and complete information below. Forms containing inaccurate credit card numbers or expiration dates will be returned unprocessed.

Credit Card: ___ Mastercard ___ Visa ___ American Express

Card Number ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ CCID: ___ ___ ___ ___

(As an additional security measure, we ask that you enter the last 3 digits on the back of your credit card, on or near the signature panel, called the CCID for Mastercard and VISA. For American Express it is the 4 digits on the front of the card.)

Zip Code of cardholder (U.S. only) ___ ___ ___ ___

Expiration Date ___ ___ ___ ___ Cardholder Name (print) _____

Cardholder signature _____

Please mail to: National Neurotrauma Society, PO Box 143060, Gainesville, FL 32614-3060

Credit card payments may be faxed to 305/704-3814