

ispdhome.org/Join



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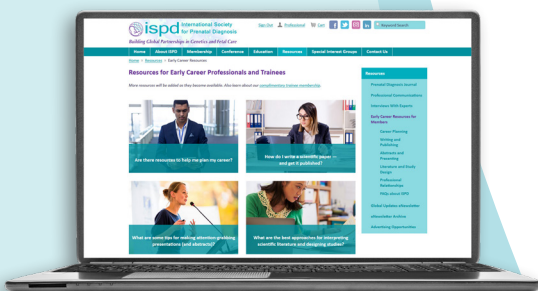
ispd International Society for Prenatal Diagnosis

Building Global Partnerships in Genetics and Fetal Care

info@ispdhome.org | +1 434.979.4773 | www.ispdhome.org



PRENATAL DIAGNOSIS



Benefits of Membership:

- Reduced conference and course registration rates
- Participation in ISPD Special Interest Groups (SIGs)
- Complimentary access to recorded webinars, recorded conference presentations, and more
- Complimentary online access to *Prenatal Diagnosis* journal
- Participation in ISPD Journal Club to discuss recent, impactful research
- Members-only website with searchable member directory
- *Global Updates* eNewsletter
- **Apply for membership for both 2024 and 2025 to receive 20% off 2025 dues!**

Trainee Members:

ISPD Membership is FREE for Trainees

Trainee membership is available for free for individuals who are enrolled full-time as a resident, fellow, or graduate student in a program that will lead to appropriate degrees or certificates in subjects relating to prenatal diagnosis and therapy.

Early Career Resources

Become a member of ISPD to gain access to articles, videos, and other resources on publishing, study design, mentoring, and more.

Visit www.ispdhome.org/join for details and to apply for membership!



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2024 Membership Application

Name: Dr Ms Mr Prof _____
(First) (Middle Initial) (Last) (Degree)

Title (Required) _____

Organization (Required) _____

Department or Division _____

Street _____

City, State/Prov. _____ Post Code _____ Country _____

E-mail (Required) _____

Telephone _____

Member Communications: ISPD sends member information via e-mail. If you do not wish to be contacted, check here: DO NOT e-mail me.

Office Address Home Address

How did you hear about ISPD? _____

Memberships in other related societies _____

Areas of Interest: Please select the area(s) of your interest.

- | | | |
|--|--|---|
| <input type="checkbox"/> Amniocentesis | <input type="checkbox"/> Aneuploidy | <input type="checkbox"/> Array CGH |
| <input type="checkbox"/> CVS | <input type="checkbox"/> Cytogenetics | <input type="checkbox"/> DNA Diagnosis |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Fetal Cells/Nucleic Acids in Maternal Blood | |
| <input type="checkbox"/> Fetal Therapy | <input type="checkbox"/> Invasive Techniques | <input type="checkbox"/> Molecular Genetics |
| <input type="checkbox"/> PGD | <input type="checkbox"/> Public Policy/International Issues | |
| <input type="checkbox"/> Serum Screening | <input type="checkbox"/> Ultrasound/Imaging | |
| <input type="checkbox"/> Other: _____ | | |

Special Interest Groups: Please select the SIG(s) below that you wish to join.

- Fetal Therapy
- Genetic Counseling, Ethics, and Patient Education
- Imaging and Fetal Phenotyping
- Technologies in Reproductive Screening and Diagnosis

Highest Degree Attained (or equivalent):

- Doctorate
- Master's
- Bachelor's
- None

ISPD Membership Fees (USD \$) — ONLINE ACCESS to *Prenatal Diagnosis* Journal is included!

Professionals, join for 2 years to receive 20% off the second year. A reduced rate is available for low- and low-middle-income countries as defined by the World Bank (LMI).

| | | Regular | LMI |
|--|--|--------------------------------|--------------------------------|
| Full Professional Membership <i>MD, PhD, MD/PhD, JD, etc. or corporate representative</i> | 1 Year, 1 Jan 2024 - 31 Dec 2024: | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$145 |
| | or 2 Years, 1 Jan 2024 - 31 Dec 2025: | <input type="checkbox"/> \$525 | <input type="checkbox"/> \$262 |
| Allied Health Professional Membership <i>Genetic counselors, sonographers, nurses, technologists, administrators, etc.</i> | 1 Year, 1 Jan 2024 - 31 Dec 2024: | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$100 |
| | or 2 Years, 1 Jan 2024 - 31 Dec 2025: | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$180 |
| Trainee Membership <i>Full-time resident, fellow, graduate student, or professional trainee. Trainee membership is automatically renewed through 31 December of the year in which your program ends.</i> | | | <input type="checkbox"/> \$0 |
| | Date your program starts: _____ | | |
| | Date your program ends: _____ | | |

Charitable Contribution to Fund ISPD's Professional Education Endeavors: I wish to contribute: USD \$ _____

TOTAL PAYMENT (dues and contribution) USD \$ _____

Method of Payment

Enclosed is my check payable to ISPD. Check # _____
Remittance must be drawn from a U.S. bank or an international money order in U.S. Dollars. \$25.00 may be charged to cover collection fees.

Charge to the following credit card (check one): MasterCard Visa American Express

Cardholder Name as it Appears on Card (Please print.) _____

Credit Card Billing Address _____

Please include postal code. _____

Cardholder E-Mail _____ Telephone _____

Cardholder Signature _____

Card Number _____ Expiration Date _____ CV2 Code* _____

**3 digit code on back of VISA and MasterCard, or 4 digit code on front of American Express.*