



IISNINI

# International Society of Nutrigenetics / Nutrigenomics

**Please return this application to:**

S. Karger AG  
Medical and Scientific Publishers  
Attn: Mr. Peter Roth  
Allschwilerstrasse 10  
CH-4009 Basel (Switzerland)  
Tel. +41 61 306 1111  
Fax +41 61 306 1234  
E-mail p.roth@karger.ch

## Membership Application for 2010

**ISNN Executive Committee**

**President:** Raffaele De Caterina, M.D., Ph.D. (Italy)  
**Past President:** Artemis P. Simopoulos, M.D. (USA)

**Secretary/ Treasurer:**  
Jing X. Kang, M.D., Ph.D. (USA)

Membership is granted upon application and payment of annual membership dues. Membership is individual and non-transferable. Applicants may apply for either Regular or Associate Membership, as described below.

**Regular Members.** Membership in the ISNN is open to researchers, educators and clinicians, who have a continuing scientific interest in Nutrition and/or Genetics/Molecular Biology/Pharmacology. Regular members pay full annual dues, may nominate and vote in Society elections, may hold elected and appointed offices, may serve on committees, receive discounted registration for Society Congresses, and receive a complimentary subscription to the **Journal of Nutrigenetics and Nutrigenomics: Official Journal of the ISNN**, edited by Louis Perusse, Ph.D. (Canada).

**Associate Members** must be students, trainees or post-doctoral fellows and may continue in Associate status for up to three years. Applicants must attach a letter from their institution or supervisor certifying their status. Associate Members pay reduced annual membership dues, may vote in Society matters, receive discounted registration to Society Congresses, serve on Committees and enjoy members-only privileges. Associate Members receive an online-only subscription to the Society's official journal.

**Mailing address** (Please type or print legibly)

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Title: \_\_\_\_\_

Current Professional Position: \_\_\_\_\_

Year of birth: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Fax#: \_\_\_\_\_

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

(Check all boxes that apply)

Degree:	Affiliation:	Research Area:
<input type="checkbox"/> MD	<input type="checkbox"/> Academic	<input type="checkbox"/> Nutrition
<input type="checkbox"/> PhD	<input type="checkbox"/> Industry	<input type="checkbox"/> Molecular Biology
<input type="checkbox"/> DSc	<input type="checkbox"/> Regulatory	<input type="checkbox"/> Genetics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pharmacology
		<input type="checkbox"/> Epidemiology
Specialties: _____		<input type="checkbox"/>

**INVOICE**

- Regular Member for **2010**  
(includes full subscription to the *Journal of Nutrigenetics and Nutrigenomics*) ..... US\$ 200.00\*
  - Regular Member for **2010**  
(includes online-only subscription to the *Journal of Nutrigenetics and Nutrigenomics*) ..... US\$ 150.00
  - Associate Member for **2010**  
student, fellow, trainee, technician, retiree \*\*  
(includes online-only subscription to the *Journal of Nutrigenetics and Nutrigenomics*) ..... US\$ 90.00
- \*: Includes \$ 115 for the printed journal and online access plus \$ 48 for postage and handling  
\*\* Please attach a letter from your institution verifying your status for 2010
- Corporation ..... US\$ 400.00

VOLUNTARY CONTRIBUTIONS ..... US\$

**TOTAL AMOUNT PAID** ..... **US\$**

**Payment by credit card only.**

Please charge the total amount paid above to my credit card (check one):

- Visa  MasterCard  EuroCard  American Express  Diners

Name on card: \_\_\_\_\_

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Please return this form to the address or fax number listed above. Please note that dues are for the calendar year and are not prorated.