# IPEG

INTERNATIONAL PEDIATRIC ENDOSURGERY GROUP

## APPLICATION FOR MEMBERSHIP

IPEG Membership Services
11300 W Olympic Blvd #600
Los Angeles CA 90064
Phone: 310-437-0553 ext. 110
Fax: 310-437-0585
Email: membership@ipeg.org
Web Site: www.ipeg.org

Application Date: _____ PLEASE TYPE OR PRINT CLEARLY

**Applicant's Name in Full:**

_____

(Last/Family Name) (First/Given Name) (Middle Name or Initial)

ð MD ð DO ð PhD ð Prof ð Other:_____

Date of Birth: _____ Country of Birth: _____

**Please check preferred mailing address:**

ð **Professional Address**:

_____

(Title/Dept)

_____

(Organization)

_____

(Street Address)

_____

(City) (State/Province) (Zip/Postal Code) (Country)

_____

(Telephone Number) (Fax Number) (E-Mail Address)

ð **Residence Address**:

_____

(Street Address)

_____

(City) (State/Province) (Zip/Postal Code) (Country)

_____

(Telephone Number)

**Medical License:**

_____

(State) (Registry Number) (Expiration Date)

**Board Certification:**

_____

(Certified by) (Certificate Number) (Expiration Date)

**Affiliations:**

_____

(Current Institutional Affiliation, if any)

_____

(Current Academic or Hospital Titles)

_____

(Current Society Memberships)

**Topics of most interest to me:**

ð Basic Science ð Cancer ð Colon/Bowel ð Foregut ð Genito-urinary
ð Instrumentation ð Neonatal ð Neurosurgery ð Orthopedics ð Otolaryngology
ð Robotics ð Telemedicine ð Thoracoscopy ð Spleen/Solid Organ
ð Other: _____

ð I am a practicing surgeon and would like to apply for **Active Membership** ($200 USD annually).
ð I expect to complete my training in: Month: _____ Year: _____.
Until that time, I would like to apply for **Surgeon-In-Training Membership** ($125 USD annually).

ð A check ($US only) is enclosed with this application. Please make checks payable to IPEG.
ð I authorize you to charge my: ð VISA ð MasterCard ð American Express

CC Number: _____ Expiration Date: _____ Amount: _____

Cardholder Name: _____ Signature: _____

A subscription to the "Journal of Laparoendoscopic & Advanced Surgical Techniques" is included with your membership fees. Fees must be paid in US dollars. Arrangement for bank transfer payment can be made by contacting IPEG office for details.