

**Mailing Address Information:**

<b>First Name:</b>	
Middle Name:	
<b>Last Name:</b>	
<b>Email:</b>	

**Desired username**

Please choose a username, preferably firstname\_lastname, using the underscore, so that you can be identified to your colleagues in the forum.

**Desired password**

(Letters and numbers only. No spaces. Case sensitive.)

**Please select either Institutional or Home for preferred mailing address:**

**Institutional address:**

<b>Present Positions (Title):</b>			
<b>Institution / Company:</b>			
Division/Department:			
<b>Street Address 1:</b>			
Street Address 2:			
<b>City:</b>			
State:	Province:		
<b>Zip/Postal Code:</b>	<b>Country:</b>		
<b>Phone:</b>	<b>Fax:</b>		

**Home address:**

<b>Street address:</b>			
<b>City:</b>			
State:	Province:		
<b>Zip/Postal Code:</b>	<b>Country:</b>		
<b>Phone:</b>	<b>Fax:</b>		

Membership for students (under 35) *	30 Euros	<input type="checkbox"/>
Membership for ordinary members	50 Euros	<input type="checkbox"/>
1 year subscription to Cancer Biother & Radioph (printed journal)	75 Euros	<input type="checkbox"/>
1 year subscription to Cancer Biother & Radioph (on-line only)	40 Euros	<input type="checkbox"/>
1 year subscription to Quarterly J Nucl Med (printed journal and on-line)	45 Euros	<input type="checkbox"/>
Total for membership +/- journal		
Donation to IRIST fund for young investigator travel fellowship		
<b>TOTAL TO PAY</b>		

\* We might ask you to send us a proof of your age

**Please send this form to:** IRIST Secretariat, Via G. Baglivi 12, 00161 Roma, Italy

**or e.mail it to:** irst@uniroma1.it

**and enclose your cheque payable to:** IRIST-ONLUS

**or a copy of your bank transfer to:**

International Research Group on Immuno-Scintigraphy and Therapy - ONLUS,  
Unicredit Banca di Roma, **IBAN:** IT50V 03002 03374 000400852257

**SWIFT/BIC:** BROMITR1084