



TERATOLOGY SOCIETY

2008 ANNUAL DUES

Student and Emeritus Member

Full Name: _____
First MI Last Designation

Organization: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone:(_____) _____ Fax:(_____) _____

E-mail: _____

MAIL PREFERENCE

Occasionally, the Teratology Society makes the membership list available to carefully screened organizations offering products, meetings and services that may be of interest to you. If you prefer not to receive such mailings, please write or fax the Teratology Society Headquarters.

BROADCAST E-MAIL/FAX PREFERENCE

Occasionally, the Society sends broadcast e-mail and/or facsimiles to the membership. If you prefer not to receive broadcast e-mail and/or facsimiles, please check here: I prefer not to receive broadcast ___ E-mail ___ Facsimiles

MEMBERSHIP DUES <input type="checkbox"/> Student <input type="checkbox"/> Emeritus	2008 Annual Dues - \$0	
JOURNAL SELECTION	To purchase a subscription to <i>Birth Defects Research</i> , please check the journal subscription option that you would like: <input type="checkbox"/> Part A: <i>Clinical and Molecular Teratology</i> and Part C: <i>Embryo Today Review</i> — \$65 <input type="checkbox"/> Part B: <i>Developmental and Reproductive Toxicology</i> and Part C: <i>Embryo Today Review</i> — \$65 <input type="checkbox"/> Part A, B and C— \$115	\$ _____
VOLUNTARY CONTRIBUTIONS	<i>Please check appropriate funds(s):</i> <input type="checkbox"/> Josef Warkany Fund This fund honors the memory of one of the founders of the Society, Dr. Josef Warkany. The fund is used to support the costs of the Warkany Lecture, one of the highlights of our Annual Meeting. <input type="checkbox"/> Marie W. Taubeneck Fund This fund provides the opportunity for those who would like to sustain her memory in recognition of her many outstanding contributions to the Society. Contributions will support an annual award for outstanding scientific contribution and service to the Society by a student or young member.	\$ _____ \$ _____
<i>Journal subscriptions are for one calendar year.</i>		TOTAL (U.S. Funds only) \$ _____

METHOD OF PAYMENT (*Purchase orders or other promises to pay are not acceptable.*)

Please complete the information below and return with your payment to:

Teratology Society, Lockbox #4370, P.O. Box 758848, Baltimore, MD 21275-8848

If you have any questions, please call (703) 438-3104 or contact us by e-mail at TSHQ@teratology.org

- CHECK OR MONEY ORDER (U.S. FUNDS ONLY)
- CREDIT CARD Check one: American Express Master Card Visa

Charge Amount: \$ _____ Account #: _____ Expiration Date: _____

Signature: _____