

# Application For Membership



Family Name:

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Name:

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IPRAS national society/association or regional association Country member:

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Board Certification in:

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Membership(s):

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Hospital/Private Practice

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City

.....

Address

.....

Telephone

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Fax

.....

E-mail

.....

My involvement / experience with fat research /application or other regenerative factors:

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I attach a recent Curriculum Vitae (one page)

I Hereby Declare that the above mentioned details are true and correct

Full Name and Signature:

