



ISPOR-NIGERIA

## International Society for Pharmacoeconomics and Outcomes Research

### REGISTRATION FORM

NAME (MR/MRS/DR/PROF.): \_\_\_\_\_

SURNAME

FIRST

OTHERS

SEX: \_\_\_\_\_

M/F

PROFESSION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEMBERSHIP: \_\_\_\_\_

INDIVIDUAL OR CORPORATE

TELEPHONE: \_\_\_\_\_

Day: \_\_\_\_\_

NIGHT: \_\_\_\_\_

MOBILE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

I, ..... am interested in becoming a member of ISPOR-Nigeria if my membership is approved I will abide by the constitution and decisions made by the Executive and General Assembly.

**Membership/Registration Fee/annum: N10, 000**

Signature: \_\_\_\_\_