International Society of Nephrology

SEMINARS IN NEPHROLOGY SUBSCRIPTION FORM

PLEASE E-MAIL, MAIL OR FAX THE COMPLETED FORM TO ONE OF THESE ADDRESSES:

Global Operations Center • Rue des Fabriques 1 • 1000 Brussels • Belgium US Operations • 340 North Ave, 3rd Floor • Cranford, NJ 07016 • USA Tel: +32 2 808 04 20 • Fax: +32 2 808 4454 • Email: info@theisn.org Tel: +1 567 248 9703 • Fax: +1 908 272 7101 • Email: info@theisn.org PERSONAL DETAILS (*indicates mandatory sections - Subscriptions will not be processed unless mandatory fields are completed) Data Privacy: All information requested is strictly for the use of ISN in compliance with international privacy protection legislation. I confirm that my data can be exchanged between the ISN and Elsevier for the necessary technical procedures in order to provide me with access to the Journal. Seminars in Nephrology provides scholarly review articles focusing on subjects of current importance in clinical nephrology and related fields. Each issue is devoted to a specific topic in nephrology, and articles keep the practicing nephrologist up to date on the clinical relevance of new investigations. Visit www.seminarsinnephrology.org to see previous topics. **BENEFITS** Full access to your subscription via the journal website Fully-optimized mobile browsing experience on your smartphone or tablet Online archive of back issues available for the duration of your subscription Table of Contents alerts Access to all available multimedia content, e.g. podcasts, videos, slides □ US\$ 60 per year (Full, Joint Group, Collective, Academy Members) □ US\$ 30 per year (Trainee) METHOD OF PAYMENT (All fees must be paid in US\$) Total: US\$ □ Check (Checks should be made payable to the International Society of Nephrology and are only accepted for US\$ payments) Check # I__I__I__I__I__I__I Dated I__I__I / I__I__I ☐ Credit Card (ALL fields are mandatory. Payments will not be processed unless all fields are completed) ☐ American Express ☐ MasterCard ☐ Visa □ Discover Card Number* I ____ | Security Code/CVC* I ___ | Expires* I __ | / I __ | Security Code/CVC* I __ | __ | MONTH YEAR

Signature of Card Holder.....

☐ Wire Transfer: please contact membership@theisn.org for banking details

Name of Card Holder (as it appears on the card)

