



REGISTRATION REIMBURSEMENT APPLICATION

Please complete on PC, typewriter or write in **BLOCK LETTERS** and send as attachment via e-mail to:

Elisabeth Greenfield, RN, MSN

Administrative Director

lizals@tqti.net

PERSONAL INFORMATION	
<i>ISBI Member Number:</i> _____	
<i>Surname:</i> _____	<i>Given Name:</i> _____
<i>Title: Present Position:</i> _____	<i>Institution:</i> _____
<i>City:</i> _____	<i>Country:</i> _____
<i>EMAIL ADDRESS:</i> _____	

LOW INCOME COUNTRIES	Amount Paid
_____ ISBI Member Physician or PhD	_____
_____ ISBI Member Other	_____
Date of Congress registration: (Needed to calculate proper reimbursement)	

Indicate whether wish to be reimbursed in cash or by check (if you are approved)	