

HTRS

The Hemophilia and Thrombosis Research Society

PO Box 2178 Milwaukee WI 53201-2178
414-937-6569

** 2006 DUES NOTICE **

The Hemophilia and Thrombosis Research Society (HTRS) needs your active participation and support. Membership in the HTRS entitles you to participation in the affairs of the Society including collaborative research protocols; a subscription to the quarterly newsletter; access to protocols, a subscription to the journal Haemophilia, the newsletter and more on the HTRS Web Site; and attendance at the Annual Meeting and Scientific Symposium held at our annual symposium yearly (usually in April). Our dues are currently \$100.00 per year or \$250.00 for three years. If you would like to continue your membership in the HTRS, please complete and return the attached membership form with a check payable to the Hemophilia and Thrombosis Research Society for \$100.00 (one year membership) or \$250.00 (three year membership) to the following address:

The Hemophilia and Thrombosis Research Society
Joan Cox Gill, M.D., Financial Officer
C/O Comprehensive Center for Bleeding Disorders
P.O. Box 2178
Milwaukee, WI 53201-2178

The Hemophilia and Thrombosis Research Society is incorporated as a non-profit organization and has tax-exempt status from the Internal Revenue Service. Therefore, contributions in the form of dues or other financial support are tax deductible.

A list of the currently active protocols can be found in the newsletter and on the Web site; you will be sent a password to access protocols on the Web site after your dues are received. If you are interested in participating in an active protocol, please contact the principal investigator. If you would like to initiate a collaborative study through the HTRS, please contact the appropriate committee chair or any officer of the Society.

We look forward to your active participation!

HEMOPHILIA AND THROMBOSIS RESEARCH SOCIETY MEMBERSHIP REGISTRATION

Name: _____ Title: _____

Institute: _____

Address: _____

(City, State, Zipcode)

Phone: _____ Fax: _____

E-mail Address: _____

Dues enclosed: _____ \$100.00 (2006) _____ \$250.00 (2006-2008)

I hereby give my permission to include the demographic information above on the Hemophilia and Thrombosis Research Society website.

Signature

Date