



PHYSICIAN MEMBERSHIP RENEWAL FORM

PHYSICIAN MEMBERSHIP RENEWAL (ANNUAL) **Renewal Date:** _____

\$325.00 includes one page physician listing in the Referrals section of our Web site at www.pituitary.org, as well as an individual listing in the referrals section of the Pituitary Patient Resource Guide.

SELECT YOUR LISTING CATEGORY

- Cardiologist Dermatologist
- Neurosurgeon OB/GYN
- Endocrinologist Gastroenterologist
- Ophthalmologist Pathologist
- Psychiatrist Psychologist
- Radiologist Rheumatologist
- Skull Base Surgeon

MEMBERSHIP PAYMENT INFORMATION

Payment Information: Invoice Required
 Visa / MC / Amex / Discover
 Check Enclosed

Cardholder: _____ Zip Code _____
Card #: _____
Expiration: _____ 3 Digit Verification _____
Signature: _____

Our website at www.pituitary.org features an Ask the Experts section where pituitary patients can post disorder related questions. While it is made clear that this forum is in no way a substitution for consultation with their physician(s), our Ask The Experts is a valuable resource for patients seeking added information from those more familiar with their condition than perhaps their General Practitioner. We are always interested in adding qualified physicians to our list of those willing to help answer some of these questions. Please let us know if you would like to participate.

Yes, I would like to participate in the Ask The Experts online program. Email: see UPDATED LISTING INFORMATION

UPDATED LISTING INFORMATION

Your name as it should appear in your listing: _____
Division/Department (if applicable): _____
Contact person for this listing: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip/Post Code: _____
Country: _____ Phone: _____ Fax: _____
E-mail: _____

UPDATED INTERNET REFERRAL INFO (Please send us your photo with this form for inclusion in your listing.)

Title: _____
Clinic/Hospital: _____
Medical School: _____
Internship: _____
Residency: _____
Fellowship: _____
Board Certification: _____
Clinical Interests: _____