

International Society for Behçet's Disease

APPLICATION FOR MEMBERSHIP

SURNAME.....Title: Dr. Professor

First name(s).....

SPECIALITY.....

INSTITUTION.....

POSITION.....

ADDRESS.....

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Tel:

Fax:

e-mail:

PROPOSER.....

Address.....

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Please indicate below your current interest, research activities, clinical
commitment, etc. to Behçet's Disease: