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Web site: <http://square.umin.ac.jp/jes/en/index.html>

JES Application for Foreign Corresponding Membership

The objective of Japan Epilepsy Society (JES), Japanese chapter of ILAE, is to promote and advance epileptology and the related sciences, and thus it shall entitle you to the optimal opportunities for education, knowledge sharing and collaboration.

For the Foreign Corresponding Membership, JES could provide the opportunity to attend annual congress of JES with discount application fee. For a detailed description of Foreign Corresponding Membership, visit <http://square.umin.ac.jp/jes/en/index.html>.

Applicants complete the following:

1) CURRENT INFORMATION

Name:				Degree/ Designation:			
Position / Title:							
Institution / Company:							
Circle Preferred Mailing Address:	Business Home						
Preferred EMAIL ADDRESS:							
Business Address:							
City:			State/Province:			Zip:	
Country:			Business Phone:			Fax:	
Home Address:							
City:			State/Province:			Zip:	
Country:			Phone:			Fax:	

2) TRAINING

[Physicians]

Medical School				
Institution:				
Location:			Year of Completion:	
Residency Program				

Institution:			
Location:		Year of Completion:	
Fellowship Programs			
Specialty:		Institution:	
Location:		Year of Completion:	
Certifications			
Specialty:		Certifying Board:	
Date Received		Expiration Date:	

[Non-physicians]

Undergraduate / Graduate School or other training Programs

Institution:			
Location:		Year of Completion:	

<p>I solemnly pledge myself to cooperate by all suitable means in extending advancing the high moral, ethical, professional, and scientific principles as specified by the Japan Epilepsy Society Code of Professional Conduct and governance principles as specified by the Articles of incorporation, Bylaws, and Standing Rules of the Japan Epilepsy Society.</p> <p>Signature_____ Date_____</p>	
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3) SPECIALITY

Please select the area(s) that best characterize your predominant professional activity.

<input type="checkbox"/>	Neuropsychiatry
<input type="checkbox"/>	Adult Neurology / Epileptology
<input type="checkbox"/>	Pediatric Neurology / Epileptology
<input type="checkbox"/>	Neurosurgery
<input type="checkbox"/>	Other Clinical Areas
<input type="checkbox"/>	Basic Science Research
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Other: (specify)

4) SPONSOR

Applicants must provide the names, addresses and signatures of a local representative epileptologist OR a counsel member of JES who will sponsor the applicant.

Name , Position, Institute, Address (Please type or print)

Signature _____

5) PUBLICATION IN EPILEPSY

(Original manuscripts, review papers or presentation in the scientific meeting are listed)

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6) JES could provide you with the information service directly from ILAE by e-mail.

Do you want it? Yes, I do. No, I don't. (Please mark one.)

Received at JES office on / /

Inspected at JES office on / /

Approved on / /

Application for Foreign Corresponding Membership requires submission of the membership application with a signed sponsorship. Please mail or fax the application to the JES office.

Thank you for your interest in the Japan Epilepsy Society!

Ogawa higashi cho, 4-6-15

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