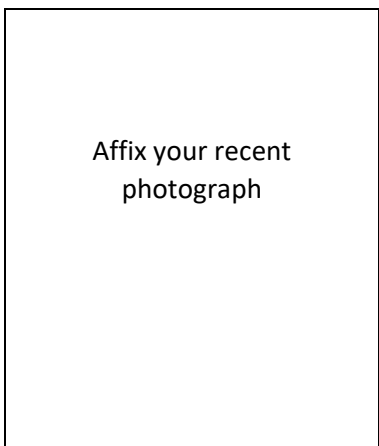


International Society for Hepatic Encephalopathy & Nitrogen Metabolism (ISHEN)

ISHEN MEMBERSHIP FORM

I wish to enroll as Life Member of ISHEN. My details are as follows:



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4. Qualification (Subject):

5. Correspondence address: _____

City _____ ; PIN: _____ ; State _____

6. Official address: _____

City _____ ; PIN: _____ ; State _____
Country _____

