

International Society for Vaccine
Membership Application Form

Title (Prof. Dr., Mr. Ms.) _____

Surname _____

First Name _____

Middle Initial(s) _____

Job Title _____

Company/Institution _____

Department/Division _____

Building/Room/Suite _____

Street Address _____

Town/District _____

State/Province _____

Country _____

Post code _____

Work telephone _____

Work fax _____

Work e-mail _____

Work type (research etc.) _____

Work area (organisms, adjuvants, etc.) _____

Please submit filled application form to

International Society for Vaccines
c/o Professor Shan Lu
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