

The Society of Interventional Radiology (SIR) is a nonprofit, national scientific organization of physicians and allied health professionals deeply committed to improving health and the quality of life through the practice of vascular and interventional radiology. SIR welcomes medical students to join SIR and learn more about the field of interventional radiology.

**Here are some of the
benefits of SIR's medical
student membership:**

- Mentoring and networking opportunities in one of the largest growing medical fields
- Complimentary registration to the SIR Annual Scientific Meeting and SIR's independent educational meetings
- Monthly issues and online access to the *Journal of Vascular and Interventional Radiology (JVIR)*
- Up to date information in the SIR quarterly newsletter (*IR News*), with important Society news and the latest information in the field of interventional radiology

Contact the SIR office for more information or visit our Web Site at www.SIRweb.org.

CONGRATULATIONS

By viewing the SIR CD, you have found the special SIR medical student application. To receive one year of complimentary membership, print this application and send it to the SIR office.

SIR Medical Student Application

Please type or print

General / Contact Information

| | |
|--------------------------------|------------------------------|
| Full name _____ | Date of Birth ____/____/____ |
| Mailing Address _____ _____ | |
| City, State, Zip _____ | |
| Phone _____ | Fax _____ Email _____ |

Education

| | |
|---|-----------|
| Medical School _____ | |
| Address _____ _____ | |
| City, State, Zip _____ | |
| Phone _____ | Fax _____ |
| Enrollment date _____ Anticipated graduation date _____ | |

Signatures

| | |
|---|--|
| 1. Signature of applicant _____ | |
| Date _____ | |
| 2. Signature of Dean of Medical School or Registrar _____ | |
| Date _____ | |
| Please print name /title _____ | |

____ Check enclosed (make payable to SIR)
 ____ Please charge my: ____ Visa ____ Master Card ____ Amex

Card #: _____ Exp. Date: _____

Signature: _____ Card Holder Name: _____

Mail or fax completed application to:

SIR
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Ste. 400 North
Fairfax, VA 22033
(703) 691-1855
fax (703) 691-1855
membership@SIRweb.org