



## 2018 IPNA MEMBER SPONSORSHIP PROGRAM

Please fill in this form directly on the pdf and send it to [office@ipna-online.org](mailto:office@ipna-online.org)

The cost to sponsor the membership of a pediatric nephrologist from a developing country is **\$125 USD**.  
This cost includes both membership to IPNA and a subscription to the journal *Pediatric Nephrology* for one year.  
Please consider sponsoring another member if you are able to.

Yes, I would be willing to sponsor the IPNA membership of a pediatric nephrologist from a developing country for 2018.  
Please bill my **credit card** in the amount of **\$125 USD** as follows:

VISA or  MasterCard      Amount to be charged: **\$125**

Country of Issuance: \_\_\_\_\_ Cardholder's name: \_\_\_\_\_

Expiry date (Month/Year): \_\_\_\_\_/\_\_\_\_\_ Security code (last 3 digits on the back of the card): \_\_\_\_\_

Card number: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Yes, I would be willing to sponsor the IPNA membership of a pediatric nephrologist from a developing country for 2018. I will pay by **bank transfer** on the following bank account:

**Account's Holder:** International Pediatric Nephrology Association, C/O Childrens Mercy Hospital - Dr. Warady,  
2401 Gillham Road, Kansas City, MO 64108, USA

**ACCOUNT NO. :** 0000-9924-3104 **For International wires provide Swift Number:** BOFAUS3N  
US bank routing Number of 122000661 (for transfers from the US)

Please state the following reference with your payment: **"SPONSOR NAME" – IPNAMB18**

*Payments by bank transfer to be made exclusively in \$US. Please note that all bank charges are at your expense. IPNA will not cover any of them and you may be charged by IPNA if the whole amount is not received.*

I would like IPNA to choose an individual to be sponsored on my behalf.

I wish to sponsor the following individual:

Dr or  Pr or  Mr or  Ms

LAST NAME (Family name): \_\_\_\_\_

First Name (Given name): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

**Collection by the International Pediatric Nephrology Association.**

Should you require additional information, please contact: [office@ipna-online.org](mailto:office@ipna-online.org)