

## *Application for Corporate Membership*

**Membership Term**

July 1 – June 30

**Membership Dues**

\$3000 Annually

Please include payment with your application. You may pay by company check or credit card.

Check enclosed (made payable to SIR)

**OR**

Please charge my credit card:

Visa    Master Card    Amex

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Corporate Membership Benefits**

- Company listing in the Online *SIR Membership Directory*
- One complimentary set of mailing labels per year, and unlimited sets of labels at a discounted rate (mailers subject to SIR review)
- Three subscriptions (twelve issues per year) to SIR's *Journal of Vascular and Interventional Radiology (JVIR)*
- A subscription to *IR News*, the Society's bi-monthly newsletter
- Discounts on SIR publications
- Company listing and Web Site link on SIR Corporate Web site
- Three issues of the *SIR Coding User's Guide*
- Recognition at the SIR booth during the Annual Meeting
- Discounted rate for participation in the SIR Annual Meeting New Product Showcase™

**Contact Information** (Please type or print)

\_\_\_\_\_  
Official Corporate Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Additional Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip/Country (if outside the USA)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

**Principle products and services your company provides to interventional radiologists:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of corporate representative (as designated above).      Date

**Submit application to or contact for additional information:**

Society of Interventional Radiology

3975 Fair Ridge Drive

Suite 400 North

Fairfax, VA 22033

Phone: (703) 691-1805

Fax: (703) 691-1855