Application Form for IMeLaS / IDeLaS / IVeLaS (Fill in and send this page to: E-mail: wfslms@jmll.co.jp / FAX: 03-5269-1410)	
□ Professor □ Dr. □ Mr. □ Mrs. □ Ms. Other:	()
Family Name:	
First Name:	
Affiliation:	
Address for receiving certificate	
TEL/FAX: TEL: FAX:	
E-Mail:	
Category, Grade and Fee	
 Which category are you applying for? IMeLaS IDeLaS IVeLaS Which grade are you applying for? 	
□ Grade 4 (C-) □ Grade 3 (B-) □ Grade 2 (A-)	🗆 Grade 1 (I-)
• Which of the following fees are you paying?	
1) 600 US\$ (100 US\$ for Medical Laser Safety Training Fee + 500 US\$ for Certification Fee) Mandatory	
2) 400 US\$ (100 US\$ for Hands-on Training+300 US\$ for Examination) This will be waived if: candidates "have already passed the laser safety examination approved in their country" or "already hold both 'a Medical Doctor' s/ Dentist' s/ Veterinarian's License from their own country or state' and 'a corresponding national or international Laser Specialist License."	
3) 50 US\$ for ISLSM Admission Fee Required for Non-ISLSM Member	
 4-a) 500 US\$ for 5-year ISLSM Annual Fee with Journal for 5 years 4-b) 1,000 US\$ for ISLSM Life Member Fee with Journal for 10 years (< 60 years of age) 4-c) 400 US\$ for ISLSM Life Member Fee with Journal for 4 years (60 years of age and over) 	
The total amount you are paying: US\$	
Payment	
 Bank Transfer Please pay the bank charges. You will be officially registered when payment has been confirmed. Bank Name: Mizuho Bank (Code: 0001) Branch Name: Yotsuya (Code: 036) Address: Yotsuya 3-3-1, Shinjuku-ku, Tokyo 160-0004 JAPAN Account Type: Ordinary Account Account No.: 8089509 SWIFT: MHBKJPJT Account Holder: NPO World Federation of Societies for Laser Medicine and Surgery 	
Credit Card Kindly complete the following information.	
□ Visa □ Mastercard (tick as appropriate)	
Card Number: ()
Name as it appears on the card: ()
Expiry Date: (Year: Month:) 3-Digit Security Number: ()	

)

Application Form for ILNuS / ILES	
(Fill in and send this page to: E-mail: wfsIms@jmll.co.jp / FAX: 03-5269-1410)	
□ Professor □ Dr. □ Mr. □ Mrs. □ Ms. Other: ()	
Family Name:	
First Name:	
Affiliation: Address for receiving certificate	
TEL/FAX: TEL: FAX:	
E-Mail:	
Category, Grade and Fee	
 Which category are you applying for? ILNuS ILES 	
 Which of the following fees are you paying? 1) 300 US\$ (50 US\$ for Medical Laser Safety Training Fee+250 US\$ for Certification Fee) Mandatory 2) 200 US\$ (50 US\$ for Hands-on Training+150 US\$ for Examination) This will be waived if: candidates "have already passed the laser safety examination approved in their country" or "already hold both 'a Nurse's/Laser Engineer's License from their own country or state' and 'a corresponding national or international Laser Specialist License.'" 3) 50 US\$ for ISLSM Admission Fee Required for Non-ISLSM Member 4-a) 500 US\$ for 5-year ISLSM Annual Fee with Journal for 5 years Check one of 4-a,b,c if Non-ISLSM Member 4-b) 1,000 US\$ for ISLSM Life Member Fee with Journal for 10 years (< 60 years of age) 4-c) 400 US\$ for ISLSM Life Member Fee with Journal for 4 years (60 years of age and over) The total amount you are paying: US\$ 	
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