



# International Phototherapy Association

AN INTERNATIONAL ASSOCIATION FOR LASER SURGERY, PHOTOTHERAPY AND PHOTOBIO-MODULATION

## JOIN IPTA!

### Information and Application Form

**The International Phototherapy Association (IPTA)** will strive to uphold the rigorous professional standards of its illustrious predecessor, the International Laser Therapy Association (ILTA). Our association respects the due democratic process and welcomes the enrollment of a truly professional membership who is dedicated not only to laser therapy, but also to the clinical and basic scientific research of all aspects of phototherapy and photobiomodulation. The IPTA Congress will be held in odd years. The WALT holds their congress in even years, and hence we will hold IPTA in odd years. It is our earnest hope, however, that WALT and IPTA can work together as a team. The reason why we established the new Association was to meet the expectation of the international needs for an association which will be dedicated to pure LLLT, phototherapy, photodynamic therapy (PDT) and photobiomodulation. We therefore invite interested professionals to apply for membership, with an annual fee of ¥12,000 (Japanese yen ... about US \$120) which will also include four issues per year of the official IPTA journal, *Laser Therapy*. There is no initial processing fee. Anyone working in the field of phototherapy, including laser therapy, either in clinical practice or in basic research, is eligible to apply. This includes physicians, dentists, sports clinicians, veterinarians, physiotherapists, physical therapists, PDT specialists, podiatrists, nurse specialists, research scientists and so on.

The option to join as a **Life Member** is also offered, whereby payment of 10 years' Membership in advance (¥120,000) will entitle you to Membership of IPTA for life, including receipt of the official journal for as long as you remain a member. Your name will also appear permanently on the IPTA Roll of Honour in recognition of your outstanding support for the Association.

Don't hesitate, fill in and send off the form overleaf, join IPTA today, and become one of the growing number of health professionals who see IPTA as a solid forum for the clinical and basic scientific aspects of all facets of phototherapy and photobiomodulation!

# **INTERNATIONAL PHOTOTHERAPY ASSOCIATION (IPTA)**

## **MEMBERSHIP APPLICATION FORM**

*(Please print or type clearly)*

**Name** (*Underline Last Name*): \_\_\_\_\_

**Title** (*Mr, Ms, Mrs, Dr, Prof, etc*): \_\_\_\_\_ **Degrees or Diplomas Obtained:** \_\_\_\_\_

**Full Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Phone**(*with country code*): \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail:**

\_\_\_\_\_

### **To the Treasurer, International Phototherapy Association (IPTA):**

I hereby apply for membership of the International Phototherapy Association (IPTA) as:

**a Regular Member** or  **a Life Member** (*tick as appropriate*). I understand that, as part of my membership privileges, I will receive 4 issues of the current volume of *Laser Therapy*, the official journal of the IPTA. In due course, following acceptance of my application, I will receive my Membership Certificate and Member's Card. I have paid by payment option **1**  **2**  (*tick as appropriate*)

#### **1: International Money Order**

*(can be ordered at any major bank: all fees to be paid by sender)*

Money order for **JPY ¥12,000/120,000\*** to be in favor of **IPTA**, and sent with this form by airmail to:

**IPTA Hon. Treasurer**, c/o Japan Medical Laser Laboratory,  
4F Shinsei Kaikan Bldg., 33-2 Shinanomachi, Shinjuku, Tokyo, Japan 160-0016

*\*Delete inappropriate amount*

#### **2: Credit Card**

Kindly complete the following information, and send **preferably by FAX** to +81-3-5269-1410 or by post to the IPTA Treasurer at the address as above.

Please debit my  **Visa**  **Mastercard** (*tick as appropriate*) by the sum of **JPY ¥12,000/120,000\***  
*(American Express cards are unfortunately not currently acceptable)*

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

**Name as it appears on the card:** \_\_\_\_\_

**Expiry date:**(Year)20\_\_\_\_\_ (Month)\_\_\_\_\_ **3-digit security number** \_\_\_\_\_  
*(Please use double digit numbers for month, e.g. March = 03, November = 11, et cetera)*

**Cardholder's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Delete inappropriate amount*

For bank transfer within Japan, please contact IPTA Treasurer, c/o Japan Medical Laser Laboratory:  
Phone: 03-5269-1403, Fax: 03-5269-1410, E-mail: sec@jml.co.jp