



# International Society for the History of the Neurosciences (ISHN)

## 2017 MEMBERSHIP DIRECTORY: PERSONAL DATA SHEET

For *each* piece of information, please indicate whether it may be included (check "Yes") or not (check "No") in the current Online (World Wide Web) and next Printed editions of the directory. Return your completed form as an email attachment ([rjohnson@library.ucla.edu](mailto:rjohnson@library.ucla.edu)) or surface/air mail to:

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[Note: Unmarked items and items marked "✓ YES" will be included in the directory]

**New** directory entry       **Updated/Revised** information

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YES	NO	YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PREFERRED TITLE OF COURTESY	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> other: _____
✓		✓		LAST NAME	_____
✓		✓		FIRST NAME AND INITIAL(S)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEGREE(S)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE, POSITION, or OCCUPATION	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPARTMENT	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSTITUTION / ORGANIZATION / BUSINESS	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET / BOX / OTHER ADDRESS INFO	_____
					_____
✓		✓		CITY	_____
✓		✓		STATE / PROVINCE	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ZIP / POSTAL CODE	_____
✓		✓		COUNTRY	_____

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SUBJECT AREA(S) OF INTEREST IN  
HISTORY OF NEUROSCIENCE \_\_\_\_\_

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YOUR HISTORY OF NEUROSCIENCE RESEARCH ACTIVITIES IN  
PROGRESS AND/OR OTHER RELEVANT PROJECTS \_\_\_\_\_

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