

Australian and New Zealand Society of Respiratory Science On-Line Membership Directory

Please either type or print responses

Title:

First Name:

Initial:

Last Name:.....

Prefer to be known as:.....

Laboratory in which you work:.....

Postal address.....

.....

State:

Contact Phone:.....

Contact Fax:.....

Mobile:.....

e-mail:.....

I agree for the information provided above to be published in the members-only area of the ANZSRS web-site.

I would like to set up a second register of people willing to act as mentors and who would be interested in collaborative research in the future.

Are you interested in collaborating on research projects? Yes No

Would you be willing to act as a mentor? Yes No

Signed: _____

Date: _____

Please return to: Dr Kevin Gain, Department Respiratory Medicine, Royal Perth Hospital, GPO Box X2213, Perth, WA, 6847