



**ISPOR NEW ZEALAND CHAPTER
MEMBERSHIP APPLICATION FORM FOR 2018-19**

(Membership year 1 April 2018 – 31 March 2019)

NEW ZEALAND

Established July 2011

First Name: **Last Name:**

Qualifications (optional):

Company/Institution/University:

Position/Affiliation:

Email address:

Phone contact:

PRIMARY INTERESTS:

Health Research Topic

- Clinical outcomes
- Economic evaluation
- Health policy and systems
- Health technology assessment
- Patient-centred outcomes (PRO/QOL)
- Personalised medicine
- Population health
- Other:

Health Research Method

- Comparative methods
- Database methods
- Modelling methods
- Observational methods
- Preference-based methods
- Statistical methods
- Qualitative methods

Would you be willing to give a webinar to ISPOR members? Yes/No

If yes, what is your main area of interest?

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FEES:

\$75 non-students

\$50 for ISPOR International members (membership no:)

FREE for students (student no:)

PAYMENT: Electronic direct credit: ISPOR NZ Chapter Account 03-1702-0365754-00

Please include your name for ease of identification. (Sorry, credit card payment is not available.)

SIGNATURE: _____

DATE: _____