Joining Form for the International Society for Affective Disorders

Please complete all boxes * of the application form below. In particular ensure that we have your correct email address and that you give 2 published papers together with their full references

*Title:	
*First Name:	
*Last Name:	
Job Title:	
*Address 1	
*Address 2	
Address 3	
Address 4	
*Town	
*Post/Zip Code	
*Country:	
*Email Address:	
Telephone:	
Fax:	

Professional Qualifications

Most recent Research Papers

*** Paper one**

Title:	
Journal:	
Date:	
Pages:	
Issue:	
Volume:	

*** Paper two**

Title:	
Journal:	
Date:	
Pages:	
Issue:	
Volume:	

Continued on next page:

* Please select and tick (maximum) 5 Keywords that describe your research interests

☐	Adherence	☐	Dysthymia	☐	Phobia
☐	Advocacy	☐	Eating disorders	☐	Post Traumatic Stress Disorder
☐	Aetiology	☐	ECT/TMS	☐	Postpartum depression
☐	Affective disorder	☐	Epidemiology	☐	Primary Care
☐	Animal models	☐	Genetics	☐	Psychological Therapies
☐	Antidepressants	☐	Geriatric	☐	Psychology
☐	Antimanics	☐	Health services	☐	Psychopharmacology
☐	Anxiety	☐	Hypomania	☐	Psychosocial Interventions
☐	Atypical depression	☐	Light therapy	☐	Quality of Life
☐	Bipolar disorder	☐	Mania	☐	Schizoaffective
☐	Bipolar II	☐	Medical co-morbidity	☐	Seasonal affective disorder
☐	Bipolar spectrum	☐	Mixed state	☐	Sleep disorders
☐	Child and Adolescent	☐	Molecular genetics	☐	Social Anxiety
☐	Childhood adversity	☐	Mood stabilisers	☐	Social Phobia
☐	Circadian rhythms	☐	Neurobiology	☐	Social Science
☐	Cognitive Behaviour Therapy	☐	Neuroendocrinology	☐	Social support
☐	Comorbidity	☐	Neuroimaging	☐	Stress
☐	Compliance	☐	Neuroscience	☐	Subthreshold
☐	Compliance	☐	Obsessive compulsive disorder	☐	Suicide
☐	Cross-cultural	☐	Personality	☐	Temperament
☐	Cyclothymia	☐	Personality disorders	☐	Treatment trials
☐	Deliberate Self Harm	☐	Pharmacoeconomics	☐	Women's health
☐	Depression	☐	Pharmacogenetics	☐	

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Payment options:

I wish to pay by credit card:

	Tick
VISA	
MASTERCARD	

Expiry Date:

Month mm	Year yyyy

Credit card number: Please write one number per box and write clearly:

I wish to pay by cheque; Please **make cheques payable to The University of Southampton** and send to the address below:

I enclose a cheque for GB pounds £120.00
Tick
☐

I enclose a cheque for US dollars $185.00
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☐

ISAD, Mental Health Group,
University of Southampton,
Royal South Hants Hospital
Southampton
SO14 0YG
UK

I would like you to send me an invoice to the following address:

Name:	Address 1:	Address 2:	Address 3:	Address 4:
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Thank you