

APPLICATION FOR CODE NUMBER TO IDENTIFY FIRM OR PRACTITIONER PERFORMING SERVICE OF FREEZING EMBRYOS

A freeze code is available by completing the following application and paying the appropriate application fee. All freeze codes will be available thru the online look-up function on the IETS website.

IETS Member:

Freeze Code Application Fee: \$100

Non-Member:

Freeze Code Application Fee: \$500

Name of Firm/Practitioner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ Fax _____

E-mail _____ IETS Member #: _____

Name of Contact Person (please print or type) _____

Signature _____

Title _____ Date _____

A code number consisting of four digits will be assigned on receipt of this application. A confirmation letter will be mailed to you after the application is processed.

Code Number (to be completed by the IETS) _____

Credit Card Information

Card type: Visa MasterCard Discover American Express

Card Number _____

Expiration Date _____

*Authorization Signature _____

* Required

Please complete this application form and return it with your payment to:

IETS
2441 Village Green Place
Champaign, IL 61822 USA

Fax: 217-398-4119