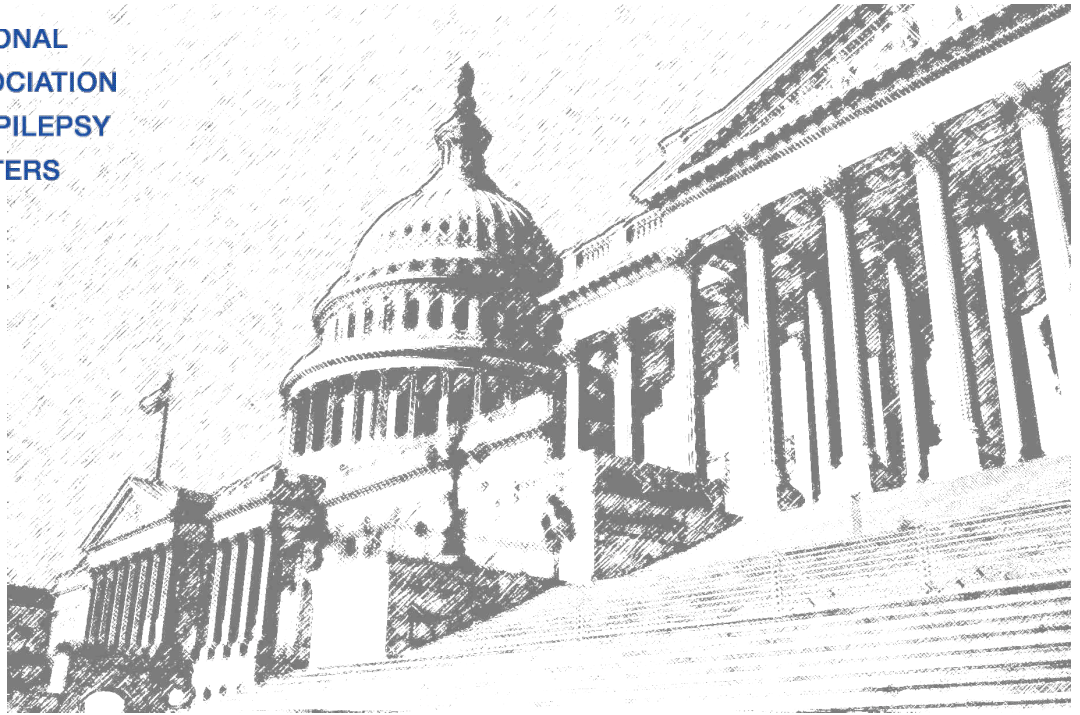


NATIONAL
ASSOCIATION
OF EPILEPSY
CENTERS



NAEC Membership

Epilepsy Center Membership \$2,000 per year

Annual membership in the NAEC is available to health care programs active in the diagnosis and treatment of epilepsy, regardless of size or scope. Membership includes the Medical Director (and/or co-director) and the Program Administrator (person with budgetary authority for the epilepsy program).

Individual Membership \$100 per year

Professionals affiliated with an epilepsy center member in good standing may belong as individual members. Individual members must possess an M.D., D.O., Ph.D. or be employed by the epilepsy center in an administrative role. Individual memberships are invoiced to, and are the financial responsibility of, the epilepsy center.

Contributing Membership

Contributing memberships are for individuals, foundations or corporations interested in supporting NAEC in its goals. Please contact the office for more information.

Membership Dues

Membership dues are effective January 1 through December 31 of each year. Dues are payable in the form of a check or money order, and are due by January 31 of the application year.

Level 3 and 4 Epilepsy Centers

NAEC members may choose to file a Self-Designation Declaration Form with the NAEC on an annual basis.

Centers designating a Level 3 or Level 4 status attest that their epilepsy center meets the criteria as stated in the NAEC *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*.

Dues must be paid in full, and Level 4 Self-Designation Forms completed and on file with the NAEC by February 1 of each year to be included in the submission to *US News and World Report* for their annual ranking of "America's Best Hospitals".

National Association of Epilepsy Centers
5775 Wayzata Boulevard, Suite 200
Minneapolis, MN 55416
888-525-6232 P
952-525-1560 F
www.naec-epilepsy.org

Epilepsy Center Information

Program Name

Hospital/University Affiliate

Address

Address

Address

City

State

Zip

Phone

Web Address

Today's Date

Medical Director Contact Information

Name

Title

Program Name

Hospital/University Affiliate

Address

Address

Address

City

State

Zip

Phone

Fax

E-mail

Co-medical Director Contact Information

Name

Title

Program Name

Hospital/University Affiliate

Address

Address

Address

City

State

Zip

Phone

Fax

E-mail

Program Administrator Contact Information

Name	Title	
Program Name		
Hospital/University Affiliate		
Address		
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City	State	Zip
Phone	Fax	E-mail

Send Invoice To

Name	Title	
Program Name		
Hospital/University Affiliate		
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City	State	Zip
Phone	Fax	E-mail

Individual Member

Name	Title	
Program Name		
Hospital/University Affiliate		
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City	State	Zip
Phone	Fax	E-mail

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Individual Member

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Individual Member

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Individual Member

Name	Title	
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Program Name

Hospital/University Affiliate

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Phone	Fax	E-mail
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Individual Member

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Program Name

Hospital/University Affiliate

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Individual Member

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Individual Member

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