



Turner  
Syndrome  
Foundation

## Join the Turner Syndrome Foundation Professional Registry

*Promoting positive outcomes for girls and women with TS*

Name: \_\_\_\_\_

Title/Specialty: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: www. \_\_\_\_\_

Email: \_\_\_\_\_

Tele#: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Fax#: ( ) \_\_\_\_\_ - \_\_\_\_\_

Office Contact - Name: \_\_\_\_\_

Ad contact

Title: \_\_\_\_\_

Tele#: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Interest:

Grand rounds with TSF advocate  Plan a workshop

Include TSF in Health Fair  Community event

Advisor for State  Other: \_\_\_\_\_

*An annual donation of \$100 or greater will help to sustain the important mission of Turner Syndrome Foundation.*

\_\_\_ My check is enclosed

\_\_\_ Please charge my credit card:

Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_ CSV \_\_\_\_\_

\_\_\_ I want this to be a monthly gift in the amount of \$ \_\_\_\_\_ per month or \$ \_\_\_\_\_ per quarter

\_\_\_ I want this to be an annual gift in the amount of \$ \_\_\_\_\_

\_\_\_ I'm interested in placing an ad. Please send me additional marketing information

To make an online donation, click DONATE NOW at [TurnerSyndromeFoundation.org](http://TurnerSyndromeFoundation.org)  
Make checks payable to Turner Syndrome Foundation and mail to PO Box 726 Holmdel, NJ 07733  
Or donate by phone: (732) 847-3385 Mon-Fri, 9 AM-5 PM EDT