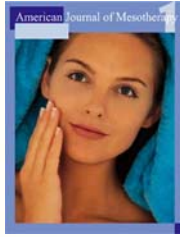


AMERICAN JOURNAL OF MESOTHERAPY

ANNUAL SUBSCRIPTION REQUEST



Medicine is an ever-changing landscape. All areas of medicine transform with such speed that keeping up with the changes requires constant access to medical information. Mesotherapy, a new and fascinating area of medicine, is in its infancy but has already gained unprecedented popularity and recognition in the medical community.

A number of academies, associations, and societies have been formed to disseminate knowledge and provide basic Mesotherapy training. Approximately 16,000 US physicians use mesotherapy in their daily medical practice, and the number of mesotherapy-trained physicians grows by 300 every month. As our ranks grow, we need a platform for the exchange of information and discussion about mesotherapy research.

Our goal and hope is that the American Journal of Mesotherapy will be an open forum to share our knowledge and experience in mesotherapy. Like all new methodologies, mesotherapy has been criticized by some; possibly due to a general lack of knowledge and perhaps, in some cases, the use of unproven methods by individuals lacking the necessary training and experience.

Our mission is to publish scientific research in mesotherapy to improve knowledge and practice in this field. Help us reach our goal by subscribing to the Journal. Any income generated will be used for financial support of research in mesotherapy.

I extend our gratitude toward the Editorial Board for their support and encouragement.

Again, this journal is open for all of us.
Aleksy Dobradin, MD

Continental USA - RRP: \$89 and \$139 USD - YOU GET 10% OFF

YOUR MW PRICE

- 1 year subscription \$80.10 USD 2 year subscription \$125.10 USD

Outside Continental USA - RRP: \$124 and \$198 USD - YOU GET 10% OFF

YOUR MW PRICE

- 1 year subscription \$111.60 USD 2 year subscription \$178.20 USD

Internet Only Subscription - RRP: \$69.50 and \$111.00 USD - YOU GET 10% OFF

YOUR MW PRICE

- 1 year subscription \$62.55 USD 2 year subscription \$100.00 USD

FOR YOUR AJM SUBSCRIPTION FAX: +1 773 481 2516 or +61 2 8569 0915

TITLE: _____ FIRSTNAME: _____ SURNAME: _____

SPECIALTY: _____

SURGERY: _____ ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

METHODS OF PAYMENT:

Credit Card: VISA  MasterCard  DISCOVER  Signature: _____

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____