

**ISRAEL SOCIETY FOR PARASITOLOGY  
PROTOZOОOLOGY AND TROPICAL DISEASES**

**Dear colleague,**

**In order to put your name in the “List of Members” of our society or to update your details, please fill in the following form and return it to the secretary of the society.**

**Title: (Prof., Dr., Mrs, Mr.).....Degree: (PhD, MD, Msc, student...).....**

**Family name in English:..... Family name in Hebrew:.....**

**First name in English:..... First name in Hebrew:.....**

**Institution:.....**

**Address:.....**

**Telephone number(s):..... Mobile .....**

**Facsimile number:.....**

**E-mail address:.....**

**Subjects of interest in parasitology, protozoology and/or tropical medicine:.....**

**Kosta Y. Mumcuoglu, PhD**

**Secretary ISPPTD**

**Department of Parasitology  
Hebrew University-Hadassah Medical School  
P.O.Box 12272, 91120 Jerusalem**

**Telephone: 02/675-8093**

**Facsimile: 02/675-7425**

**E-mail: kostam@cc.huji.ac.il**