



4930 ch. Bois Franc, St.Laurent, Québec  
Canada H4S 1A7  
T: 514.333.8282 F: 514.333.4008  
Web: lab.curage.ca

## **CurAge lab™ MEMBERSHIP APPLICATION**

*Prevention & Prediction*

### **What does CurAge lab™ offer?**

CurAge lab™ offers the most extensive services for physicians on Oxidative Stress profile.

### **Why become a member of CurAge lab™?**

Becoming a member of CurAge lab™ allows your clinic to offer your clients this innovative patented **CurAge BluePrint™** testing.

The Advantages of being a CurAge lab™ member:

- Access to extensive medical literature on oxidative stress and tests available today
- Access to marketing materials to build your business network and boost sales (brochures, publicity, mass marketing, cross marketing)
- Access to CurAge lab™ newsletter
- Access to communication material for your clients
- Access to exclusive training and programs
- Preferred referral listing on CurAge lab™ web site
- Access to our private member network allowing exchange between successful medical professionals
- Privileged pricing on the CurAge BluePrint™ menu \*
- Provide your clients with unique, innovative preventative & predictive test results & interpretation
- References from web or communication material

Join the only Oxidative stress CurAge BluePrint™ provider, participate in the various activities designed specially for you and take advantage of all benefits of being a member of CurAge lab™.

**2009 Membership fee: \$2500.<sup>00</sup>+taxes**

**Show special: \$1500.<sup>00</sup>+taxes**

### **Conditions**

The membership is valid for a period of one year (12 months), from the date of payment. Once your subscription has been approved by CurAge lab™ and your payment has been received, a confirmation notice will be sent and you can then enjoy all the benefits of being a CurAge lab™ member.

**Requisites:** Registered MD/PHD

*\* The CurAge BluePrint™ tests and reports are not available in all areas. Call us for availability in your area.*

***Welcome to CurAge lab!***

Please complete all areas of this application to ensure timely processing. Print or type all information.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*First Last Title(s) Month Day Year*

**Office Information**

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Residence**

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile Phone: ( \_\_\_\_ ) \_\_\_\_\_

**ACADEMIC INFORMATION**

Titles & Degrees: \_\_\_\_\_

Specialty: \_\_\_\_\_

**Trained At**

School Name: \_\_\_\_\_ City: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

**OXIDATIVE STRESS INFORMATION**

Do you have any training on Oxidative Stress?  yes  no

If yes, please explain; \_\_\_\_\_  
\_\_\_\_\_

If yes, what is your knowledge:  Basic  Good  Excellent

Do you presently offer Oxidative Stress tests in your practice?  yes  no

If yes, what is the name of the laboratory? \_\_\_\_\_

