

WORLD ANTI-AGING DOCTORS INC.

WWW.WORLDHEALTH.NET.CN

EMAIL: PING.WU@WORLDANTIAGING.ORG

EMAIL: Gordonmd@millenniumhealthcenters.com

The application kit includes (three pages total)

- 1) Cover Sheet(informational sheet on the top)*
- 2) Complete application form (second page)*
- 3) Questionnaire (the last page)*

Instructions:

- Please fill out the application form as much and accurate as possible
- Please finish the questionnaire (preferably the same day as your application form) and return them as soon as possible. You can either scan(PDF format), fax or email the sheets to the followings:

Mailing address: To: Dr Ping Wu, 32322 South Coast Highway, Suite C, Laguna Beach, CA 92651

Fax: 949-415-1165

- Please email your further questions to ping.wu@worldantiaging.org

Benefits of becoming a member:

- World Anti-Aging Doctors Inc. is the FIRST AND ONLY representative of A4M in China with Chinese local authorities full supports
- With \$250/year membership fee you're exposed to the world's largest market(China) and become a pioneer in your professions
- You are officially connected with a global medical professional network
- Dedicated professionals will ensure you hassle-free trips to and back from China without extra charges so you can be fully engaged in academic/medical activities

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MEMBERSHIP APPLICATION FORM

APPLICANT NAME: DR./MS./MR./MRS. _____ AGE _____

CORPORATE/ PRACTICE NAME: _____

PREFERED CONTACT VIA PHONE() FAX() EMAIL()

BUSINESS PH# _____ FAX# _____

CELL PHONE# _____ EMAIL: _____

WEBSITE: _____

U.S. PROFESSIONAL LICENSE NO# _____

PRACTICE SINCE: _____ CITY/STATE(PROVINCE)/COUNTRY _____

SPECIALTY: _____

PUBLICATIONS: _____

TEACHING EXPERIENCE (COLLEGES, CLINICS, HOSPITALS...) IN _____ (LANGUAGE)

AWARDS & GRANTS: _____

I WOULD LIKE TO JOIN WORLD ANTI-AGING DOCTORS INC. AND BECOME A MEMBER.

SIGNATURE _____ **DATE** _____

MEMBERSHIP FEE \$250 IS DUE UPON APPROVAL.

CREDIT CARD (AMEX/DISCOVER/MASTER/VISA) NO# _____

EXPIRE DATE _____ ZIP CODE (SAME AS BILLING ADDRESS) _____

CHECK (PLEASE MAKE THE CHECK PAYABLE TO **DR PING WU**)

CASH _____ MONEY ORDER _____

WORLD ANTI-AGING DOCTORS INC.

FOR OFFICE USE ONLY: THANK YOU FOR CHOOSING WORLD ANTI-AGING DOCTORS, INC. WE HAVE APPROVED YOUR APPLICATION ON (DATE) _____ AUTHORIZED BY (INITIALS) _____

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Questionnaire & Information Sheet

Please help us understand your specialties and agenda for future travelling arrangements(please circle your answer) Professional License # _____

1. How many days could you travel to China per calendar year?

A. Less than 7 days/year B. 10—20 days/ year C. Between 22—35 days

D. Prefer to stay in the U.S. but available to teach/coach medical professionals, and evaluate patients cases via video, Internet and/or tele-conferences

2. How long would you like to stay in China for services/seminar/lecture/training?

A. Up to one month B. Depend on the training program, but generally less than 45 days

C. One--two weeks each time D. Only to see patients or do surgery in China as requested

3. Please specify if you have any other requests for the international trips

4. What can you teach for medical professionals in China(interpreter/translator will be provided upon request)

<input type="checkbox"/>	Interventional Endocrinology	<input type="checkbox"/>	Nutritional Medicine	<input type="checkbox"/>	Sports Medicine
<input type="checkbox"/>	Aesthetic Medicine	<input type="checkbox"/>	Cosmetic Surgery	<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Cosmetic Dermatology	<input type="checkbox"/>	Geriatric Medicine	<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	Interventional Cardiology	<input type="checkbox"/>	Gynecology	<input type="checkbox"/>	Urology
<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	Optometry	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Orthopedic Surgeon	<input type="checkbox"/>	Clinical Orthopedics	<input type="checkbox"/>	
<input type="checkbox"/>	Massage Therapy	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Nursing