



2025 Dues Invoice – Individual Membership

Individual Membership Definition: Scientists, physicians, health care providers, or other professionals who are significantly involved in the clinical or scientific aspects of pre-hospital stroke care, shall be eligible.

Name of institution: _____

Name (include credentials): _____

Email address: _____

Phone number: _____

Street address: _____

City: _____ State/Province: _____ Zip code: _____ Country: _____

Number OF MSUs: _____

Please remit payment in the amount of **\$200** via check or credit card (details below).

Option 1. Mail checks to:

PRESTO

1935 County Road B-2 W, Suite 165

Roseville, MN 55113

USA

Option 2. Credit card payments (Visa, Mastercard and American Express):

Must be FAXED ONLY to (888) 381-0170

Name on Card: _____

Billing Address: _____

Card number: _____

Expiration Date: _____ CVV code: _____

Option 3. Contact us at connect@prestomsu.org for bank ACH or wire transfer information.

The PRESTO membership year runs January 1 – December 31.

PRESTO Executive Office

1935 County Road B-2, Suite 165

Roseville, MN 55113

Phone: (952) 646-2032 • Fax: (888) 381-0170 • Email: connect@prestomsu.org