



The Transplantation Society

and its Sections

- ◆ CELL TRANSPLANT SOCIETY
- ◆ INTERNATIONAL PANCREAS AND ISLET TRANSPLANT ASSOCIATION
- ◆ INTERNATIONAL SOCIETY FOR ORGAN DONATION & PROCUREMENT
- ◆ INTERNATIONAL XENOTRANSPLANTATION ASSOCIATION
- ◆ INTESTINAL TRANSPLANT ASSOCIATION
- ◆ TRANSPLANT INFECTIOUS DISEASE

APPLICANT INFORMATION AND PAYMENT FORM

1. APPLICANT INFORMATION (please print or type)

Full name	
Affiliation	
Mailing address	
City	State/Province
Zip/Postal Code	Country
Telephone	Fax
E-mail	Website URL
Degrees <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other (please specify)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date & place of birth dd / mm / yy City	Country

2. PERCENTAGE OF TIME SPENT ON	CLINICAL WORK	%	RESEARCH	%
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3. PRINCIPAL AREA(S) OF INTEREST (please check all that apply)

<input type="checkbox"/> A Heart, Heart/Lung, Lung <input type="checkbox"/> B Kidney <input type="checkbox"/> C Liver and Intestine <input type="checkbox"/> D Pancreas <input type="checkbox"/> E Islets <input type="checkbox"/> F Cell Transplantation <input type="checkbox"/> G Bone Marrow <input type="checkbox"/> H Bio-Artificial Cells & Organs <input type="checkbox"/> I Histocompatibility & Immunogenetics <input type="checkbox"/> J Immunobiology	<input type="checkbox"/> K Experimental Transplantation <input type="checkbox"/> L Xenotransplantation <input type="checkbox"/> M Organ Procurement & Preservation <input type="checkbox"/> N Immunosuppression - Clinical <input type="checkbox"/> O Immunosuppression - Experimental <input type="checkbox"/> P Infections <input type="checkbox"/> Q Ethics, Economics & Quality of Life <input type="checkbox"/> R Transplantation in Developing Countries <input type="checkbox"/> S Other (please specify) <hr/>
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4. MEMBERSHIP SELECTION

THE TRANSPLANTATION SOCIETY

A letter of recommendation from two full members in good standing of The Transplantation Society who will serve as your sponsors must accompany this application. If you are not aware of Society members in your country, please contact The Transplantation Society Central Business Office at info@transplantation-soc.org for a list of possible sponsors.

<input type="checkbox"/> Full membership, \$80 US per year	Item Total
<input type="checkbox"/> Associate or trainee membership (non-voting), \$40 US per year <i>application for trainee membership must include proof of status</i>	_____
_____ <i>Signature of supervisor/required for application for trainee membership</i>	_____

CELL TRANSPLANT SOCIETY

<input type="checkbox"/> Full membership <i>\$135 US per year U.S.A., \$165 US per year Canada/International</i>	
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SUBTOTAL (carry over to next page)

BALANCE FORWARD FROM PAGE 1**INTERNATIONAL PANCREAS AND ISLET TRANSPLANT ASSOCIATION** **Full membership, \$50 US per year** *Applicants must be sponsored by two IPITA members in good standing.*

Sponsored by _____

Seconded by _____

Primary Focus of Interest: *Islet Transplantation* *Pancreas Transplantation* *Both***INTERNATIONAL SOCIETY FOR ORGAN DONATION AND PROCUREMENT** **Full membership, \$50 US per year****INTERNATIONAL XENOTRANSPLANTATION ASSOCIATION** **Full membership with subscription to *Xenotransplantation Journal*** *\$ 80 US per year, online access only* *\$ 130 US per year, online and print* **Associate membership** *\$ 30 US per year* *\$ 70 US per year with online access only* **Junior membership** *\$ 30 US per year* *\$ 55 US per year with online access only*_____
*Signature of sponsoring IXA member*_____
*Signature of supervisor/required for application for junior membership***INTESTINAL TRANSPLANT ASSOCIATION** **Full membership, \$50 US per year****TRANSPLANT INFECTIOUS DISEASE** **Full membership***\$160 US per year with subscription to *Transplant Infectious Disease** **Associate membership***\$50 US per year**Additional subscription to *Transplant Infectious Disease journal** *Print and online subscription, \$150 US per year* *Online only \$100 US per year***TOTAL PAYABLE****5. PAYMENT (this billing information will be used to process your application)** Check enclosed (payable to *THE TRANSPLANTATION SOCIETY* in U.S. funds) MasterCard Visa***I hereby authorize my credit card to be billed the amounts checked off on the application form***

Card number _____

Expiry date ____/____

Cardholder name _____ Signature _____

I have enclosed (for The Transplantation Society membership only): Curriculum vitae Short summary of clinical, research, or other activities relevant to this application (maximum 250 words) Signed Policy Statement of the Ethics Committee of The Transplantation Society (enclosed)**The Transplantation Society/Central Business Office**Édifice Place du Quartier
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