



REGISTRATION FORM

IMPORTANT: See reverse side of this form for instructions and refund/registration policies.

ON-LINE REGISTRATION IS ENCOURAGED AND IS AVAILABLE ON THE ISHLT WEBSITE: www.isHLT.org

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Credential (MD, RN, etc.): \_\_\_\_\_ Nickname for badge (if desired): \_\_\_\_\_

Institution/Organization Name for Inclusion on Badge: \_\_\_\_\_

Preferred Mailing Address. Please indicate if this is a home or business address:  Home  Business

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SCIENTIFIC SESSION REGISTRATION:

POSTMARKED ON OR BEFORE MARCH 2

POSTMARKED AFTER MARCH 2

TOTAL

Table with 4 columns: Member Type, Postmarked On or Before March 2, Postmarked After March 2, Total. Rows include Regular Member, Regular Non-Member†, Allied Health Member\*, Allied Health Non-Member†, Student/Resident Member\*, and Student/Resident Non-Member\*†.

\* See instruction #7

† Non-member registration prior to March 2, 2012 includes membership in the Society through December 31, 2012.

Please check here if you wish to decline this membership offer (no refund or reduction of fee).

PRESIDENT'S COCKTAIL RECEPTION: (1 TICKET IS INCLUDED WITH YOUR REGISTRATION FEE)

Additional Tickets to the President's Cocktail Reception for spouses/guests. \_\_\_\_\_ # of tickets x \$75 \$ \_\_\_\_\_

JUNIOR FACULTY MENTOR LUNCH: THURSDAY  \$15  \$15 \$ \_\_\_\_\_ Registration is limited to the first 100 student/resident/fellow members of ISHLT who are registered for the meeting.

BOX LUNCHES: TUESDAY  \$15  \$15 \$ \_\_\_\_\_ WEDNESDAY  \$15  \$15 \$ \_\_\_\_\_ THURSDAY  \$15  \$15 \$ \_\_\_\_\_ FRIDAY  \$15  \$15 \$ \_\_\_\_\_ SATURDAY  \$15  \$15 \$ \_\_\_\_\_

ISHLT ACADEMY: CORE COMPETENCIES IN MECHANICAL CIRCULATORY SUPPORT

Registration is limited to the first 200 registrants.

MEMBER  \$250  \$300 \$ \_\_\_\_\_ NON-MEMBER  \$300  \$350 \$ \_\_\_\_\_

SUBTOTAL: \$ \_\_\_\_\_

TOTAL DUE AND ENCLOSED: \$ \_\_\_\_\_

PAYMENT: SEE INSTRUCTION #9 FOR WIRE TRANSFER INSTRUCTIONS. Unless registering online, full payment in US funds only must accompany your registration form. Checks must be made payable to ISHLT and must be drawn on a US bank. If you prefer to pay by credit card, please complete the following and either mail or fax (To avoid duplicate charges do not mail AND fax your form.)

Credit Card:  VISA  Mastercard  American Express Card Number: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ CSC Code:\* \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*CSC (Credit Card Security Code is the 3 digit code on the back of MC/VISA and 4 digit code on front of AMEX.)

Card Holder Name: \_\_\_\_\_ (mandatory) Card Holder Billing Zip/Postal Code: \_\_\_\_\_ (mandatory)

IMPORTANT DO NOT include payment for your hotel deposit with your registration payment.

Send this form and payment in full to: ISHLT • 14673 Midway Road, Suite 200 • Addison, TX 75001, or fax to 972.490.9499



## REGISTRATION POLICIES/INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

- 1.** The registration fee includes attendance at all Pre-Meeting Symposia, Plenary Sessions, Concurrent Sessions, Concurrent Symposia, exhibit hall receptions, coffee breaks, and one ticket to the President's Cocktail Reception.
- 2.** DO NOT include payment for your hotel deposit with your registration payment. Payments that include such will be returned to you.
- 3.** For those who register prior to March 2, 2012 the non-member registration fee includes membership in the Society from the date of registration through December 31, 2012. You will be required to complete a membership application in order to activate your membership. Please mark the box provided if you do not wish to accept the offer of membership. Declining the offer will not result in a reduction of the non-member registration fee.
- 4.** DO NOT fax your registration form if you are paying by check or bank draft. Registration forms received without payment will not be processed.
- 5.** Individuals whose registration and payment are not RECEIVED by March 23, 2012 must register on-site. Registration fees are determined by the date when payment in full is postmarked/faxed. Registration forms sent without payment in full or with invalid credit card information are subject to the registration fee in effect at the time payment in full is postmarked/ faxed or when the correct credit card information is provided.
- 6.** Cancellations must be submitted in writing in order to qualify for any refund and should be emailed to [phyllis.glenn@ishlt.org](mailto:phyllis.glenn@ishlt.org). For written cancellation notices RECEIVED by March 2, 2012, a full refund of the scientific session fees paid will be given, less a \$75 handling fee. For written cancellation notices received after March 23, 2012, no refund of any fees will be given. Cancellation refunds will be issued after the meeting.
- 7.** \*The Allied Health rate is available only to nurses, transplant coordinators, pharmacists, social workers, perfusionists, and engineers. The following are excluded: MDs, PhDs, individuals with doctorates, their equivalents, and pharmaceutical and device company employees/consultants and must register at the full member or non-member rate. Non-member allied health registrants must include with their registration forms a letter signed by the chief/dean of their transplant program verifying their employment and allied health status. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.  
  
\*The Student/Resident registration rate is available only to residents, fellows, medical students, nursing students, and graduate students. Non-member student/resident registrants must include a letter signed by the chief/dean of their program verifying their training status with their registration forms. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.
- 8.** Full payment in US funds only must accompany your registration. Checks must be made payable to ISHLT and must be drawn on a US bank. All bank fees incurred for the processing of your payment will be billed to you.
- 9.** Wire Transfers must be received by March 23, 2012. There will be an additional fee for wire transfers in the amount of \$35 which must be paid by the sender.  
  
Please request bank/wire transfer instructions by emailing [leeann.mills@ishlt.org](mailto:leeann.mills@ishlt.org).
- 10.** Travel agencies/sponsoring agencies will not be allowed to pick up multiple registrants' name badges. Only the person registered for the meeting may pick up his/her name badge. No Exceptions.

## QUESTIONS?

Call the ISHLT Headquarters Office at 972-490-9495, or email us at [meetings@ishlt.org](mailto:meetings@ishlt.org) or fax us at 972-490-9499.