



**ON-SITE REGISTRATION FORM**  
**International Society for Heart and Lung Transplantation**  
**37th Annual Meeting and Scientific Sessions**  
**April 4-8, 2017 ● San Diego, CA, USA**

**INSTRUCTIONS:**

1. **The Annual Meeting registration fee** includes attendance at all Scientific Sessions, Exhibit Hall receptions, and coffee breaks.
2. **The Physician/Surgeon Rate** is available only to individuals who have achieved an MD degree or the equivalent.
3. **The Industry Rate** is available to anyone whose primary employer is a for-profit commercial entity, excluding medical centers and healthcare providers. **Individuals who meet this definition may not register under any other category.**
4. **The Allied Health/Non-Physician Rate** is available to individuals who **have not** achieved an MD or the equivalent (e.g. PhDs, non-MD researchers, nurses, pharmacists, physical therapists, psychologists, social workers, etc.) **and are not** pharmaceutical or device company employees/consultants should select this 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. If you do not have this letter, you must show some type of proof of your status or agree to have a letter faxed or emailed to the ISHLT office no later than April 21, 2017. If this letter is not received by the deadline, you agree to be charged the On-site Full/Physician registration rate.
5. **The Student/Trainee Rate** is available only to individuals who are actively participating in a formal training program (i.e. medical, graduate, and nursing students, residents, fellows, or the equivalent). Non-members choosing this rate must include with your registration form a letter signed by the chief-dean of your program verifying your training status. If you do not have this letter, you must show some type of proof of your status or agree to have a letter faxed or emailed to the ISHLT office no later than April 21, 2017. If this letter is not received by the deadline, you agree to be charged the On-site Full/Physician registration rate.
6. **Guest registration includes** access to the plenary sessions, exhibit hall, wine and cheese receptions. A Guest registration **MUST** be accompanied by a registrant in one of the other categories. (See instructions #7 regarding age restrictions for children.)
7. **Age Restriction:** Children ages 12 and under are not permitted in sessions and must be accompanied by an adult at all times. Children under the age of 12 are not permitted in the Exhibit Hall at any time. A Guest registration for ages 13 and above must be purchased to attend plenary sessions, exhibit hall. **(Children must be accompanied by a meeting registrant at all times)**

**CREDIT CARD INFORMATION**

**PLEASE PRINT CLEARLY**

Credit Card:       VISA               Mastercard       American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card (Print Clearly): \_\_\_\_\_

CSC (Credit Card Security Code) \_\_\_\_\_ Card Holder Billing Zip Code/Postal Code (Mandatory): \_\_\_\_\_

Card Holder Billing Street Address: (Mandatory) \_\_\_\_\_

Signature: \_\_\_\_\_

