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REGISTRATION POLICIES/INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
THIRTY-SEVENTH ANNUAL MEETING AND SCIENTIFIC SESSIONS
APRIL 5-8, 2017

1. The Annual Meeting registration fee includes attendance at all scientific sessions, exhibit hall receptions, and coffee breaks.
2. For those whose registration is received prior to February 23, 2017 the non-member registration fee includes membership in the Society from the date of registration through December 31, 2017. You will be required to complete a membership application, which will be emailed to you, 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.
3. **DO NOT** fax your registration form if you are paying by check or bank draft. Registration forms received without payment will not be processed.
4. **Individuals whose registration and payment are NOT RECEIVED by March 17, 2017 must register on-site.** Registration fees are determined by the date when **payment in full is received.** 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 received or when the correct credit card information is provided.
5. Cancellations must be submitted in writing in order to qualify for any refund and should be emailed to Phyllis Glenn: phyllis.glenn@ishlt.org. For written cancellation notices **RECEIVED by February 22, 2017**, a full refund of the scientific session fees paid will be given, less a \$100 handling fee. **For written cancellation notices received after February 22, 2017, no refund of any fees will be given. All cancellation refunds will be issued approximately 15 days after the meeting.**
6. **The Physician/Surgeon Rate** is available only to individuals who have achieved an MD degree or the equivalent.
7. **The Industry Rate** is available to anyone whose primary employer is a for profit commercial entity, excluding medical centers and healthcare provider. **Individuals who meet this definition may not register under any other category.**
8. **The Allied Health/Non-Physician rate** is available 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. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.
9. **The 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) should select this rate. Non-members choosing this rate must include with their registration forms a letter signed by the chief/dean of their program verifying their training status. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.
10. 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.
11. **Wire Transfers must be received by March 17, 2017. 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 Lee Ann Mills: leeann.mills@ishlt.org.
12. **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.**
13. All registrant name changes/replacements are due by **March 17, 2017.** After this date, there will be a \$25 fee for each name change/replacement.
14. Age Restriction: Children 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 or a President's Cocktail Reception ticket must be purchased for children attending the President's Cocktail Reception.

QUESTIONS?

CALL THE ISHLT

HEADQUARTERS

OFFICE AT

972-490-9495

EMAIL US AT

MEETINGS@ISHLT.ORG

OR FAX US AT

972-490-9499.

2017

REGISTRATION FORM

(FORMS THAT ARE FAXED/MAILED IN MUST BE LEGIBLE IN ORDER FOR US TO PROCESS.)

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION THIRTY-SEVENTH ANNUAL MEETING AND SCIENTIFIC SESSIONS & ISHLT ACADEMY COURSES • APRIL 4-8, 2017, SAN DIEGO, CA, USA

IMPORTANT: This is a TWO-SIDED FORM. Side A and Side B

Please see page 86 for instructions, rate descriptions and refund/registration policies.

ON-LINE REGISTRATION IS ENCOURAGED AND IS AVAILABLE ON THE ISHLT WEBSITE:

<http://www.isHLT.org/meetings/registrationHousingAndTourForms.asp>

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

CREDENTIAL (MD, RN, FRCS, ETC.): _____ INSTITUTION/ORGANIZATION NAME: _____

Preferred Mailing Address: This MUST be the valid mailing address of the individual being registered. Travel agencies and sponsoring company addresses will not be accepted.)

Please indicated if address is home or business: Home: _____ Business: _____

Mailing Address: _____

City: _____ State: _____ Post Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

(Mandatory: Confirmation will be sent to this email only)

DELEGATE BADGE:

(please print clearly below the details for your badge)

FIRST _____ LAST _____, DEGREE _____

INSTITUTION / ORGANIZATION _____

CITY _____ STATE (if applicable) _____

COUNTRY _____

PROFESSIONAL CLASSIFICATION: (check one box only) Mandatory that you choose one

- | | | |
|---|---|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Pediatric Cardiology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pediatric Pulmonology | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Cardio-Thoracic/
Vascular Surgery | <input type="checkbox"/> Pediatric Transplant Surgery | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Perfusion | <input type="checkbox"/> Transplant Coordination |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pharmacy/Pharmacology | <input type="checkbox"/> VAD Coordinator |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Other: _____ |

ANNUAL MEETING SCIENTIFIC SESSIONS:

	Received on or before February 22	Received between February 22-March 17++	TOTAL
Industry Member**	\$ 1020	\$ 1170	\$ _____
Industry Non-Member**	\$ 1355	\$ 1505	\$ _____
Physician/Surgeon Member <i>(industry employees may not register for this category and must register in the Industry category)</i>	\$ 795	\$ 945	\$ _____
Physician/Surgeon Non-Member* <i>(industry employees may not register for this category and must register in the Industry category)</i>	\$ 1130	\$ 1280	\$ _____
Allied Health/Non-Physician Member <i>(industry employees may not register for this category and must register in the Industry category)</i>	\$ 465	\$ 615	\$ _____
Allied Health/Non-Physician Non-Member* <i>(industry employees may not register for this category and must register in the Industry category)</i>	\$ 800	\$ 950	\$ _____
Student/Trainee Member <i>(industry employees may not register for this category and must register in the Industry category)</i>	\$ 355	\$ 505	\$ _____
Student/Trainee Non-Member* <i>(industry employees may not register for this category and must register in the Industry category)</i>	\$ 520	\$ 670	\$ _____

GUEST AND SOCIAL ACTIVITIES REGISTRATION:

GUEST ACTIVITY REGISTRATION+

Without President's Cocktail Reception \$ 50 \$ 75 \$ _____

With President's Cocktail Reception \$ 100 \$ 125 \$ _____

(must be purchased in advance and will not be sold on-site)

Guest Name for Badge: _____

PRESIDENT'S COCKTAIL RECEPTION

(Not included with Scientific Session registration; must be purchased in advance; will not be sold on-site)

Industry Registrant \$ 100 \$ 125 \$ _____

Physician/Surgeon/Registrant \$ 50 \$ 75 \$ _____

Student/Trainee/Allied Health Registrant \$ 25 \$ 35 \$ _____

SUBTOTAL SIDE A *(This side of Form)* \$ _____

SUBTOTAL FROM SIDE A \$ _____

ISHLT ACADEMY COURSES:

(please check box for the Academies you wish to register for; Core Competency Courses include a box lunch.)

- Core Competency course in Pediatric Mechanical Circulatory Support Tuesday, April 4 (full day)
- Core Competency course in Mechanical Circulatory Support Tuesday, April 4 (full day)
- Core Competency course in Infectious Diseases Tuesday, April 4 (full day)
- Master Class in Mechanical Circulatory Support Tuesday, April 4 (8 am – 1 pm)
- Master Class in Mechanical Circulatory Support Tuesday, April 4 (2 pm – 7 pm) (repeat of morning class)
- Master Class in Pulmonary Hypertension Tuesday, April 4 (2 pm – 7 pm)

CORE OR MASTERS ACADEMY COURSE (ISHLT Member): \$ 250 \$ 300 \$ _____
 CORE OR MASTERS ACADEMY COURSE (Non-member): \$ 400 \$ 450 \$ _____

SYMBOLS:

- * Includes membership in the Society through December 31, 2017 with completed membership application.
 Please check here if you wish to decline this membership offer (no refund or reduction of fee)
- ** Industry is defined as anyone whose primary employer is a for profit commercial entity, excluding medical centers and health care provider. Individuals who meet this definition may not register under any other category.
- + Includes access to the plenary sessions, exhibit hall, wine and cheese receptions. Guest MUST be accompanying a registrant in one of the other categories. Please see instruction #14 regarding age restrictions for children.
- ++ Registrations postmarked after March 17 will not be processed before the meeting and therefore these registrants must go to on-site registration desk to register. Registration fees for forms postmarked after March 17 will be considered on-site registrations and are subject to the on-site registration fees which are \$300 more than the early bird registration fees. On-site registration for Academy courses will only be offered for those courses which are not sold out during pre-registration. Academy registration fees for forms postmarked after March 17 and for on-site academy registration are \$100 more than the early bird registration fees.

JUNIOR FACULTY MENTOR LUNCH:

(Wednesday; Advance purchase only. Tickets will not be sold on-site.)

Registration is limited to the first 100 junior faculty members of ISHLT who are also registered for the meeting. \$ 15 \$ 15 \$ _____

ONLINE RECORDED SESSIONS:

MEMBER PRICING: New for 2017: All ISHLT members will receive **COMPLIMENTARY** access to online recorded sessions for both the Annual Meeting and Core Competency Course Academies. Therefore, ISHLT members do not need to register for the online recorded sessions.

NON-MEMBER PRICING (Prices below are valid only for non-members also registering for the Annual Meeting)

Entire Annual Meeting: \$ 125 \$ _____
 Entire Annual Meeting (Allied Health pricing) \$ 75 \$ _____
 Entire Annual Meeting (Trainee pricing) \$ 50 \$ _____

TOTAL DUE (SIDE A and B) AND ENCLOSED: \$ _____

PAYMENT:

See instruction #11 for Wire Transfer Instructions.

If not registering online, full payment in US funds only must accompany your registration form by check or credit card. Checks must be made payable to ISHLT and must be drawn on a US bank. Credit card payments are accepted with this entire form completed including all credit card information below and may be mailed or faxed. (To avoid duplicate charges do not mail AND fax your form.)

Credit Card: VISA Mastercard American Express

Card Number: _____ Expiration Date: _____ CSC Code:* _____

*CSC: CREDIT CARD SECURITY CODE IS THE 3-DIGIT CODE ON THE BACK OF MC/VISA CARDS AND THE 4-DIGIT CODE ON FRONT OF AMEX CARD)

Card Holder Signature: _____

Card Holder Name: _____ Card Holder Billing Zip/Postal Code: _____

MANDATORY

MANDATORY

Card Holder Billing Street Address _____

MANDATORY

SEND THIS FORM AND PAYMENT IN FULL TO:

ISHLT Registration • 14673 Midway Road, Suite 200 • Addison, TX 75001 • or fax to 972-490-9499