



HILTON CHICAGO • CHICAGO, IL USA • APRIL 21-24, 2010

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

REGISTRATION FORM: 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: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Email: \_\_\_\_\_

Table with 4 columns: SCIENTIFIC SESSION REGISTRATION, Postmarked on or before March 10, Postmarked after March 10, TOTAL. Rows include Regular Member, Regular Non-Member†, Allied Health Member\*, Allied Health Non-Member†, Student/Resident Member\*, Student/Resident Non-Member\*†.

\* See instruction #8

† Non-member registration prior to March 10 includes membership in the Society through December 31, 2010.

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

GALA RECEPTION (1 ticket is included with your registration fee) \_\_\_\_\_ # of tickets x \$75 \$ \_\_\_\_\_ Additional Tickets to Gala Reception for spouses/guests.

JUNIOR FACULTY MENTOR LUNCH  \$10 \$ \_\_\_\_\_ Registration is limited to student/resident/fellow members of ISHLT who are registered for the meeting. Limit to first 100 registrants.



ADVANCED HEART FAILURE AND CARDIAC TRANSPLANTATION CORE COMPETENCIES COURSE

Limited to the first 150 registrants.

Table with 3 columns: Discounted Registration (If also registered for the Annual Meeting), Regular Registration, TOTAL. Rows include Member, Non-Member.

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

PAYMENT See instruction #10 for Wire Transfer Instructions. 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 so that your card does not get charged twice.

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

Cardholder 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.)

Cardholder Name: \_\_\_\_\_ Card Holder Billing Zip/Postal Code: \_\_\_\_\_

(required)

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 Satellite Symposia, Sunrise Symposia, Plenary Sessions, Concurrent Sessions, Mini Oral Session, Exhibit Hall Opening Reception, coffee breaks, and one ticket to the President's Gala Reception.
2. You must be registered for the Scientific Sessions in order to attend the Satellite Symposia.
3. **DO NOT include payment for your hotel deposit with your registration payment. Payments that include such will be returned to you.**
4. For those who register by March 10, the non-member registration fee includes membership in the Society from the date of registration through December 31, 2010. 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.
5. **DO NOT** fax your registration form if you are paying by check or bank draft. Registration forms received without accompanying payment will not be processed.
6. 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.

Individuals whose registration and payment are not RECEIVED by March 24, 2010 must register on-site.

7. Cancellations must be submitted in writing in order to qualify for any refund. For written cancellation notices RECEIVED by March 24, 2010, a full refund of the scientific session fees paid will be given, less a \$75 handling fee. **For written cancellation notices received on or after March 25, 2010, no refund of any fees will be given. All refunds will be processed after the meeting.**
8. \*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.**
- \*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 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.**
9. 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. **IMPORTANT: DO NOT include payment for your hotel deposit with your registration payment.** Payments that include such will be returned to you.
10. **Wire Transfers must be received by March 24, 2010. 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).**
11. 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.