



# 2018 EUROPEAN TRANSPLANT NURSING SYMPOSIUM REGISTRATION FORM

Thursday, 28 June–Saturday, 30 June 2018 • Swissôtel Berlin AM Kurfürstendamm

FOR OFFICE USE ONLY

Customer # \_\_\_\_\_ Mtg Ord # 1- \_\_\_\_\_

Date \_\_\_\_\_ | \_\_\_\_\_

Please type or print clearly. Use a separate form for each registrant.

Full name \_\_\_\_\_ First name for badge \_\_\_\_\_ Credentials \_\_\_\_\_

Facility \_\_\_\_\_ Facility city/state \_\_\_\_\_

Preferred address (  home  office ) \_\_\_\_\_ City/state/ZIP/country \_\_\_\_\_

Contact information listed here will be included in the attendee registration list that is distributed at the meeting. You may opt to have your contact information removed from this list in Box B below.

Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail\* (  home  office ) \_\_\_\_\_

\*E-mail address required. Registration confirmation is sent only via e-mail.

Emergency contact name \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

(fta)  Check here if this will be your first ITNS Meeting. If you belong to an ITNS Chapter, write your chapter name here: \_\_\_\_\_

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box F.

<p><b>A Full Conference and Presymposium Registration</b></p> <p style="text-align: center;">Rate on or before 28 May      Rate after 28 May</p> <p><b>Full Symposium Registration (28–30 June)</b></p> <p><input type="checkbox"/> \$400 USD/€327 EUR   <input type="checkbox"/> \$500 USD/€409 EUR</p> <p><b>Presymposium Session Only (28 June, 09:00–18:00)</b></p> <p>09:00–13:00 (001)   <input type="checkbox"/> \$50 USD/€41 EUR   <input type="checkbox"/> \$50 USD/€41 EUR</p> <p>09:00–13:00 (002)   <input type="checkbox"/> \$50 USD/€41 EUR   <input type="checkbox"/> \$50 USD/€41 EUR</p> <p>14:00–18:00 (003)   <input type="checkbox"/> \$50 USD/€41 EUR   <input type="checkbox"/> \$50 USD/€41 EUR</p> <p><b>ITNS Membership</b></p> <p>Active RN   <input type="checkbox"/> \$120 USD/€98 EUR</p> <p>Associate   <input type="checkbox"/> \$70 USD/€57 EUR</p> <p>Retired RN   <input type="checkbox"/> \$95 USD/€78 EUR</p> <p>Emerging Countries   <input type="checkbox"/> \$30 USD/€24 EUR</p> <p style="text-align: right;"><b>Subtotal A \$/€</b> _____</p>	<p><b>C Session Selection</b> (Enter numerical session codes in boxes. Session codes and the full schedule can be at found at <a href="http://www.ITNS.org/EuropeanSymposium">www.ITNS.org/EuropeanSymposium</a>.)</p> <p><b>Friday, 29 June</b></p> <p>16:35–16:50 <input type="text" value="1"/> <input type="text" value="1"/>      16:55–17:10 <input type="text" value="1"/> <input type="text" value="1"/></p> <p><b>Saturday, 30 June</b></p> <p>07:30–07:45 <input type="text" value="2"/> <input type="text" value="0"/>      07:50–08:05 <input type="text" value="2"/> <input type="text" value="0"/>      12:50–13:05 <input type="text" value="2"/> <input type="text" value="1"/></p> <p>14:05–14:20 <input type="text" value="2"/> <input type="text" value="1"/>      14:25–14:40 <input type="text" value="2"/> <input type="text" value="1"/></p>
	<p><b>D Additional Options</b></p> <p><b>Thursday, 28 June</b></p> <p><input type="checkbox"/> 13:15–18:00 Hospital Tour (HT)</p>
	<p><b>E ITNS Foundation</b></p> <p>Contribute to the ITNS Foundation.      <b>Subtotal E \$/€</b> _____</p>
<p><b>B Special Requests</b></p> <p><input type="checkbox"/> I have special needs. Please contact me. (SA)</p> <p><input type="checkbox"/> I will need a vegetarian meal. (SDV)</p> <p><input type="checkbox"/> I will need a kosher meal. (SDK)</p> <p><input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list. (DIS)</p> <p><input type="checkbox"/> I have other needs. Please contact me. (OTH)</p>	<p><b>F Grand Total</b></p> <p style="text-align: center;">Be sure to complete all boxes.      <b>A + E = \$/€</b> _____</p> <p><b>4 EASY WAYS TO REGISTER</b></p> <p><b>ONLINE</b> (Credit card payment only) <a href="http://www.itns.org">www.itns.org</a></p> <p><b>PHONE</b> (Credit card payment only) 847.375.6340</p> <p><b>FAX</b> (Credit card payment only) 847.375.6341</p> <p><b>MAIL TO:</b> ITNS European Symposium Attn Reg Department PO Box 3781 Oak Brook, IL 60522</p>

\* **Payment**    MasterCard    Visa    American Express    Discover    Check (enclosed)

- Make check payable to ITNS.
- A charge of \$75 USD/€61 EUR will apply to checks returned for insufficient funds.
- If rebilling of a credit card charge is necessary, a \$75 USD/€61 EUR processing fee will be charged.
- I authorize ITNS to charge the above listed credit card amounts reasonably deemed by ITNS to be accurate and appropriate.

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder's name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

If payment does not accompany this form, your registration will not be processed. Full payment must be postmarked on or before 28 May 2018 to qualify for early-bird rates.  
**Cancellation Policy:** All cancellations must be made in writing. A \$100 USD/€82 EUR processing fee will be charged for all cancellations postmarked more than 14 days before the event. No refunds will be made under any circumstances on cancellations postmarked after **14 June 2018**.  
 \*All payments will be processed in USD based on the current exchange rates, above amounts are an estimate. Checks only accepted in USD.