

2018 TRANSPLANT NURSING SYMPOSIUM REGISTRATION FORM

28-30 September 2018 • Hilton Rosemont O'Hare

Chicago, IL, USA

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

FOR OFFICE USE ONLY	
Customer #	_ Mtg Ord # <u>1</u>
Date	

Full name		First name for badge Creden		ntials	
Facility	Facility city/state				
Preferred address (home office Contact information listed here will be inc	e) luded in the attendee regis	stration list distributed at the me	City/state/ZIP/countryeeting. You may opt to have your contact information removed	from this list in Box C below.	
Home phone		Office phone	Fax		
E-mail (home office) E-mail address required. Registration confi	irmation is sent only via e-ı	mail.			
			Day phone Evening p	hone	
(fta) Check here if this will be your first Transplant Nursing Symposium. If you belong to an ITNS Chapter, write your chapter name here:					
To reg	jister, make your selec	tions in the boxes below, a	dd the subtotals, and indicate the total amount in box	G.	
A Full Conference and	d Presymposiur	n Registration	D Session Selection (Enter numerical s		
	Rate on or before 29 Aug	Rate after 29 Aug	codes and the full schedule can at found at ITNS.	org/AnnualSymposium.)	
Full Symposium Registration (28 Member Full	-30 Sept) □ \$400 USD	□ \$500 USD	Saturday, 29 Sept		
Nonmember Registration	□ \$570 USD	□ \$670 USD	09:45–10:05	11:05-11:25	
Nonmember Join and Register	4 \$370 00D	4 070 00D	14:10–14:30	15:35–15:55	
Active RN	□ \$520 USD	□ \$620 USD	16:00–16:20	16:50-17:10	
Retired RN	□ \$495 USD	□ \$595 USD	17:15–17:35		
Associate	□ \$470 USD	□ \$570 USD	0 1 20 0 4		
Emerging Countries	□ \$430 USD	□ \$530 USD	Sunday, 30 Sept		
Presymposium Session (28 Sept 3 hour	; 16:00–19:00) □ \$60 USD	□ \$60 USD	09:10-09:30	10:20-10:40	
Presymposium Session (28 Sept 4 hour	, 15:00–19:00) □ \$75 USD	□ \$75 USD	10:45–11:05	11:40-12:10	
	Sı	ubtotal A \$	Friday, 28 Sept		
D 12 0 1			□ 11:00–15:00 Hospital Tour		
B 1-Day Symposium R					
(For registrants attending 1 day of the meeting only)		Saturday, 29 Sept □ 06:00-07:30 NonCE Breakfast (SY1)			
Please select the day you will attend and the appropriate rate. SaturdaySunday		☐ 16:00—18:00 Mentorship Session (\$25)			
I	Rate on or before 29 Aug	Rate after 29 Aug	0 1 20 0		
Member	□ \$300 USD	□ \$400 USD	Sunday, 30 Sept ☐ 06:30-08:00 NonCE Breakfast (SY3)		
Register & Join					
Active RN	□ \$420 USD	□ \$520 USD	All attendees are invited.		
Retired RN Associate	□ \$395 USD □ \$370 USD	□ \$495 USD □ \$470 USD		Subtotal E \$	
Emerging Countries	□ \$330 USD	□ \$430 USD	_		
	Sı	ubtotal B \$	ITNS Foundation		
0		,	Contribute to the ITNS Foundation.	0.14 (150	
Special Requests	Special Requests			Subtotal F \$	
☐ I will need a vegetarian meal. (SDV) ☐ I will need a kosher meal. (SDK) ☐ Total			G Total		
I do not wish to have my name and contact information include		r needs. tact me. (OTH)	Be sure to complete all boxes.		
the onsite attendee list. (DIS)	iod III	tact me. (OTH)	(A D)		
(A or B) + E + F = \$					
4 = 4 = 6 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ONLINE (Credi	t card payment only) FAX (Cred	dit card payment only) PHONE (Credit card payment only)	MAIL TO: ITNS Transplant Nursing	
	4 EASY WAYS TO REGISTER ITNS.org/AnnualSymposium 847.375.6341 847.375.6340 Symposium				
Payment Mastercard Visa American Express Discover Check (enclosed)					
Make check payable to ITNS. A charge of \$75 USD will apply to checks retu	rned for insufficient funds.		arge is necessary, a \$75 USD processing fee will be charged. above listed credit card amounts reasonably deemed by ITNS to be accu	Oak Brook, IL 60522 USA rate	
Account number			Expiration date		
Cardholder's name (Please print)			Signature		