



**ITNS Non-CE Satellite  
Approval Request Form  
Transplant Nursing Symposium  
September 28 -30, 2018  
Hilton Rosemont Chicago O'Hare  
Rosemont, IL**

*Request Forms are due by May 1, 2018.*

**NON-CE PROGRAM PREFERENCE \$15,000**

- Breakfast –(TBD)
- Lunch – (TBD)

Note that every effort will be made to accommodate your preference; however, no guarantees can be made. Additionally, any or all of the preferred times may be concurrent with other Non-CE Satellite Symposia.

**Sponsoring Organization Name:** \_\_\_\_\_

**Title of Program:** \_\_\_\_\_

For use in ITNS meeting materials -*please submit a company logo and a 50-word description of the program electronically to [mpaulson@itns.org](mailto:mpaulson@itns.org) with application.*

**Contact information:**

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date received: \_\_\_\_\_ (Topic will be reviewed within 5 business days of receipt)

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons:  Topic Not Appropriate for audience  Requested time slot not available

**Payment information:** You may pay by check or credit card.

Amount \$ \_\_\_\_\_ USD  Check # \_\_\_\_\_

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

Card Holder Name: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

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

Return this form to: Mary Paulson, ITNS Manager, Professional Relations  
International Transplant Nurses Society - 8735 W. Higgins Road, Suite 300, Chicago, IL 60631  
TEL: 847/375-4803 FAX: 888/374/7259 email: [mpaulson@itns.org](mailto:mpaulson@itns.org)