



2019 TRANSPLANT NURSING SYMPOSIUM REGISTRATION FORM

15–18 November 2019 • The Double Tree by Hilton
Orlando, FL, USA

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 distributed at the meeting. 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 confirmation is sent only via e-mail.

Emergency contact name _____ Day phone _____ Evening phone _____

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

<p>A Full Conference and Presymposium Registration</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Rate on or before 16 Oct</td> <td style="text-align: center;">Rate after 16 Oct</td> </tr> <tr> <td>Full Symposium Registration (15–18 Nov)</td> <td></td> <td></td> </tr> <tr> <td>Member Full</td> <td><input type="checkbox"/> \$565 USD</td> <td><input type="checkbox"/> \$665 USD</td> </tr> <tr> <td>Nonmember Registration</td> <td><input type="checkbox"/> \$735 USD</td> <td><input type="checkbox"/> \$835 USD</td> </tr> <tr> <td>Nonmember Join and Register</td> <td></td> <td></td> </tr> <tr> <td>Active RN</td> <td><input type="checkbox"/> \$685 USD</td> <td><input type="checkbox"/> \$785 USD</td> </tr> <tr> <td>Retired RN</td> <td><input type="checkbox"/> \$660 USD</td> <td><input type="checkbox"/> \$760 USD</td> </tr> <tr> <td>Associate</td> <td><input type="checkbox"/> \$635 USD</td> <td><input type="checkbox"/> \$735 USD</td> </tr> <tr> <td>Emerging Countries</td> 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<p>C Special Requests</p> <p><input type="checkbox"/> I will need a vegetarian meal. <input type="checkbox"/> I will need a kosher meal.</p> <p><input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list. <input type="checkbox"/> I have other needs. Please contact me.</p>																																																																																											
<p>D Additional Options</p> <p>Friday, 15 Nov</p> <p><input type="checkbox"/> 13:00–16:00 Hospital Tour</p> <p>All attendees are invited.</p> <p style="text-align: right;">Subtotal D \$ _____</p>																																																																																											
<p>E ITNS Foundation</p> <p>Contribute to the ITNS Foundation.</p> <p style="text-align: right;">Subtotal E \$ _____</p>																																																																																											
<p>F Total</p> <p>Be sure to complete all boxes.</p> <p style="text-align: right;">(A or B) + D + E = \$ _____</p>																																																																																											

4 EASY WAYS TO REGISTER

ONLINE (Credit card payment only)
ITNS.org/AnnualSymposium

FAX (Credit card payment only)
847.375.6341

PHONE (Credit card payment only)
847.375.6340

MAIL TO: ITNS Transplant Nursing Symposium
Attn: Reg Dept.
PO Box 3781
Oak Brook, IL 60522 USA

Payment MasterCard Visa American Express Discover Check (enclosed)

- Make check payable to ITNS.
- A charge of \$75 USD will apply to checks returned for insufficient funds.

- If rebilling of a credit card charge is necessary, a \$75 USD 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 16 Oct 2019 to qualify for early-bird rates.

Cancellation Policy: All cancellations must be submitted in writing. A \$100 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after 23 Oct 2019. All refunds will be processed after the Transplant Nursing Symposium.