



2009 Symposium Registration Form

18th Annual ITNS Symposium and General Assembly

September 24-26, 2009 • Hilton Montréal Bonaventure, Montréal, Québec Canada



Hotel Reservations: <http://www.hilton.com/en/hi/groups/personalized/YULBHFF-ITN-20090921/index.jhtml>

Registration begins and the Welcome Reception will be held on Wednesday, September 23rd 5:30pm - 7:30pm.
The Symposium begins at 8:00am on Thursday, September 24th and ends at 5:00pm on Saturday, September 26th.

NAME BADGE INFORMATION:

First name: _____ Last name: _____

Degrees/credentials: _____ Position/Role: _____

Employer: _____ Employer: _____
(City/State/Province)

CORRESPONDENCE ADDRESS:

 Home Work

Mailing address: _____

City: _____ State/Province: _____ Postal code: _____

Country: _____ Email: _____

Phone number: _____ Fax number: _____

WORKSHOP SELECTION:

There are 8-1/2 day workshops, please select one option for the morning and one option for the afternoon

Morning Workshop Options (select ONLY ONE)

- Staff RN Practice and Tools
- APN: Transplant Economic and Long-Term Mgmt Implications
- Challenges of Co-morbidities in Transplant Recipients
- The Joy of Living: Children's Lives after Transplant

Afternoon Workshop Options (select ONLY ONE)

- Transplant Basics
- The "You Can Do It!" Series (Research)
- Palliative Care and Transplantation
- Leading for Tomorrow

SIG / COMMITTEE / CHAPTER LEADERS MEETINGS:

- APN Cardiothoracic Chapter Leaders
- Education Research Staff Nurse

LUNCH OPTIONS: I will attend lunch...

- Thursday Friday Saturday

I will attend the **Welcome Reception** .. Yes No
Wednesday, September 23, 5:30-7:30pm (no charge/fee)
(Symposium begins Thursday, September 24)

I will attend the **Poster Session/Wine Reception**

Friday, September 25th 4:45-6:00pm..... Yes No

I would like to serve as a **Moderator**... Yes No

SPECIALTY INTEREST:

- Kidney/Pancreas Heart/Lung Liver
- Small Bowel Research QOL
- Procurement Pediatrics Donor
- Other _____

INTEREST LEVEL: Staff Advanced Practice
 Transplant Coordinator

Is this your first ITNS Symposium? Yes No

PAYMENT ENCLOSED: (payable in US Funds only)

Symposium..... \$ _____ USD
(early registration discount before August 15th)
 Member (\$450 / \$500) ITNS # _____
 Non-member Joining now (m'ship application enclosed) (\$525 / \$575)
 Non-member (\$525 / \$575)

One-Day (See fee schedule) \$ _____ USD
 Thursday Friday Saturday

- Personal check VISA
- Company/hospital check MasterCard

Card #: _____

Please add CVV or CID number
Please enter 3-digit number from the back of your card immediately following the account number.
This is required to process a card which is not physically present at ITNS headquarters.

Expiry date: _____ (month/year)

Signature: _____

If the credit card is not the registrant's card, please provide the following:

Cardholder Name: _____

Billing Address: _____

City, State Zip: _____

Email: _____



FEE SCHEDULE



There is an Early Registration Incentive Discount that applies to all registration forms postmarked before August 15, 2009.

PLEASE NOTE:

All registrations received/postmarked after August 15, 2009 will automatically be responsible for/charged the regular registration fee.

All fees payable in U.S. Funds only.

	Before August 15	After August 15
	<u>USD</u>	<u>USD</u>
Symposium:		
ITNS active dues member	\$450	\$500
Non-member Joining now (m'ship application enclosed)	\$525	\$575
Non-member	\$525	\$575
One-day rate:		
ITNS active dues member	\$150	\$175
Non-member Joining now (m'ship application enclosed)	\$225	\$250
Non-member	\$225	\$250

All cancellations must be received in writing. A \$30.00 USD administrative fee will be deducted from cancellations received up to 72 hours in advance. After that time, no refunds can be made.

Please fax or mail the reverse side of this form to:

ITNS
Box #351
1739 E. Carson Street
Pittsburgh, PA 15203-1700
Fax: +1 (412) 343-3959
Phone: +1 (412) 343-ITNS (4867)
Email: itns_admin@msn.com

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