

## International Society For Organ Donation and Procurement

## **MEMBERSHIP APPLICATION**

Transplant Coordinator

Other:

Other:

□ Pharmaceutics

TransplantomicsUrology

□ Xenotransplantation

Radiography / Medical imaging
 Regenerative Medicine
 Surgery - Heart
 Surgery - Liver
 Surgery - Lung
 Surgery - Pancreas
 Surgery - Renal

Transplantation in Developing Countries

## YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.TTS.ORG/ISODP

*	N / A	ATC	VDV	CICI	LDS
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*First (Given) Name:		*Last (Family) Name:	
*Institution/Affiliation:		*Position Held:	
Address:			
City:		Prov/State:	
Postal Code:		*Country:	
Tel:		Fax:	
*Email:			
*Sex: Male 🗆 Female 🗆			
*Date of Birth:		*City and Country of Birth:	
Degree(s): MD 🗆 PhD 🗆 Other (Please Specify):			
Percentage of Time Spent on: Clinical   %	Research   %	0ther   %	
CHECK THE BOX THAT BEST DESCRIBE	ES YOUR PRIMARY I	ROLE (CHECK ONE):	
🗆 Physician	Lab Technician		Trainee
Scientist	Organ Procurement Per	sonnel	Pharmacist

<b>AFFILIATION</b>	TYPE	CHECK	ONF)

Surgeon

Industry

□ Hepatology

Full Membership

Government Agency
Private Practice

Nurse

		2		
🗆 Re	search Fou	undation		
	edical Scho	ool/Univers	ity	

Professional Association Personnel

Industry / Marketing

Military	

Allied Health Areas
Allotransplantation
Bio-Artificial Cells and Organs
Bone Marrow
Cell Transplantation
Critical Care
Diabetes
Endocrinology
Education and Teaching
Ethics, Economics & Quality of Life
Experimental Transplantation
Gastroenterology
Heart, Heart/Lung, Lung

**SELECT MEMBERSHIP CATEGORY\*** 

Emerging Economy 🗌 \$ 25.00 US • 1 Year | 🗌 \$ 50.00 US • 2 Years

□ \$ 50.00 US • 1 Year | □ \$ 100.00 US • 2 Years

**AREAS OF INTEREST (CHECK ALL THAT APPLY):** 

Histocompatibility and Immunogenetics
🗌 Immunobiology
Immunosuppression - Clinical
Immunosuppression - Experimental
Internal Medicine
□ Infections
□ Islets
🗌 Kidney
Liver and Intestine
🗌 Nursing
□ Nutrition
Organ Procurement & Preservation
Pancreas

Pancreas
 Pathology

## **Payment Information**

🗆 VISA	□ MasterCard	🗆 Cash	🗆 Cheque	
Card Num	ıber:			Expiration Date (MM/YYYY):
Cardhold	er Name:			
Signature	:			