

Registration Form ILTS 16TH ANNUAL INTERNATIONAL CONGRESS

HONG KONG CONVENTION & EXHIBITION CENTRE • JUNE 16-19, 2010

Register on or before May 19, 2010 to receive the Discounted Rate. Pre-registration deadline is May 28, 2010. All registrations received thereafter will be processed on site.

Please print or type

Family Name:/First Name:

Affiliation/Institution

Mailing Address:

City, State/Country, Zip/Postal Code

Telephone:/Fax:

Email:

- To be eligible for the Vanguard Committee activities, please check here if you are 42 years or younger.

ILTS Federal ID# 541624149

Payment Information:

If you are paying by check, make check payable to ILTS (US funds drawn on a US Bank) **DO NOT SEND CASH!**

Check # _____

CREDIT CARD INFORMATION

- American Express MasterCard Visa

Account #

Exp. Date

Cardholder's Name

Signature of cardholder

Special Needs:

- Please check here if you require special attention to fully participate in the Congress. The International Liver Transplantation Society fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If any participant in The ILTS 16th Annual International Congress is in need of special accommodations, please submit a written request of your needs..

REQUIRED: PLEASE PROVIDE THE DEMOGRAPHIC INFORMATION REQUESTED BELOW. CHECK ALL BOXES THAT APPLY.

Practice Type:

- A. Research
 B. Clinical
 C. N/A

Degree:

- A. MD
 B. MD, PhD
 C. PhD
 D. RN
 E. Other _____
 F. N/A

Affiliation:

- A. Industry
 B. NIH/Government Agency
 C. Private Practice
 D. Research Foundation
 E. Medical School/University

- F. Military
 G. Other _____
 H. N/A

Specialty

- A. GI/Hepatology
 B. Liver Transplantation
 C. Anesthesia
 D. Critical Care Medicine
 E. Pediatrics
 F. Pathology
 G. Nursing
 H. Immunology
 I. Laboratory Medicine
 J. Radiology
 K. Pharmacology
 L. Other _____
 M. N/A

Refund Policy:

Requests for refunds must be submitted by May 19, 2010 to be reimbursed. There will be a \$75 processing fee for all refunds. All refunds will be processed after the meeting. Refund requests received after May 19, 2010 will not be honored.

A. JOIN ILTS NOW AND PAY MEMBER REGISTRATION FEE!

MEMBERSHIP

- Physician/Scientist
 Trainee
 Non-Physician

FEES

- \$190
\$ 75 (full-time student)
\$ 95(transplant coordinators, nurses, physician assistant)



INTERNATIONAL LIVER
TRANSPLANTATION SOCIETY

B. CONGRESS REGISTRATION

The Congress attendee registration fee includes all Scientific Sessions and Opening Reception/Exhibits. The Café Deco reception is an additional nominal charge.

Members

	BY MAY 19	AFTER MAY 19
<input type="checkbox"/> Physician/Scientist	\$350	\$400
<input type="checkbox"/> Non Physician/Non Scientist <i>(transplant coordinators, nurses, physician assistant)</i>	\$250	\$300
<input type="checkbox"/> Trainee <i>(full-time student)</i>	\$250	\$300

Non-Members

	BY MAY 19	AFTER MAY 19
<input type="checkbox"/> Physician/Scientist	\$550	\$600
<input type="checkbox"/> Non Physician/Non Scientist <i>(transplant coordinators, nurses, physician assistant)</i>	\$300	\$350
<input type="checkbox"/> Trainee <i>(full-time student)</i>	\$300	\$350

* Note to Trainees: A Student ID or a letter from Program Director verifying training status is required.

C. CLOSING RECEPTION:

Congress registration **DOES NOT INCLUDE** ticket to this reception.

	BY MAY 19	AFTER MAY 19
<input type="checkbox"/> Reception	\$50	\$75

*For registration inquiries, please contact
Lisa Dougherty at 856-380-6806 or
email ldougherty@ahint.com*

*For group registration, please contact
Kristin Howard at 856-642-4210 or
email khoward@ahint.com*

D. GUEST REGISTRATION

Guest registration includes entrance into the Opening Reception/Exhibits and the closing Reception Event.

	BY MAY 19	AFTER MAY 19
<input type="checkbox"/> Guest	\$ 50	\$75

Please list name of Guest _____

E. Please check if you plan to attend the following (Complimentary with Congress registration. No ticket will be issued to attend):

Astellas Sponsored Symposium

Wednesday, June 16, 8:30 am – 5:00 pm

Novartis Sponsored Breakfast Satellite Symposium

Thursday, June 17, 7:00 am – 8:00 am

Novartis Sponsored Lunch Satellite Symposium

Thursday, June 17, 12:45 pm – 2:15 pm

Astellas Sponsored Dinner Satellite Symposium

Thursday, June 17, 6:15 pm – 7:15 pm

Bristol-Myers Squibb Breakfast Satellite Symposium

Friday, June 18, 7:00 am – 8:00 am

F. VANGUARD GRAND ROUND AT

BREAKFAST, Thursday, June 17, 7:00 am – 8:00 am

(Complimentary ticketed event with Congress registration): Space is limited. Attendance will be on a first come first serve basis. Please make a selection below. If your choice is unavailable, you will be placed in the alternate session depending upon availability. *Vanguard Sessions are intended for attendees 42 and under.*

These sessions will run concurrently.

- 1. Budd Chiari Syndrome/Minimally Invasive Resection for HCC
- 2. Fulminant Hepatic Failure/Small-for-Size Syndrome

G. VANGUARD DEBATE, Friday, June 18, 7:00 am

(– 8:00 am): Space is limited. Attendance will be on a first come first serve basis. Please make a selection below. If your choice is unavailable, you will be placed in the alternate session depending upon availability. *Vanguard Sessions are intended for attendees 42 and under.*

These sessions will run concurrently.

- 1. The Utilization of DCD Grafts in Patients with HCV
- 2. Will Adult LDLT Continue to Wither in Western Countries?

H. MEET-THE-EXPERT SESSIONS

(Complimentary ticketed event with Congress registration): Space is limited. Attendance will be based on a first come first serve basis.

Please list 4 choices

These sessions will run concurrently.

Choices: 1st ____ 2nd ____ 3rd ____ 4th ____

- 1. Minimizing Toxicities in the Liver Transplant Patient
- 2. Managing CMV in the Liver Transplant Patient
- 3. Potential Impact of Multiple Generic Formulations of Immunosuppressants to the Liver Transplant Patient
- 4. Optimizing Treatment for the Hepatitis C-Infected Liver Transplant Recipient

H. TOTAL FEES

(Add A + B + C + D)

\$

THREE WAYS TO REGISTER:

Register online at: www.ilts.org

Fax this form with credit card information to:

Fax: 877-716-6404

If paying by check mail this form with payment to:

ILTS Registration • ILTS Registration Manager
15000 Commerce Parkway, Ste C • Mt. Laurel, NJ 08054