



15000 Commerce Parkway, Suite C  
 Mount Laurel, NJ 08054  
 Phone 856-439-0500  
 Fax 856-439-0525

## 2012 International Liver Transplantation Society Membership Dues Invoice

Federal ID # 54-1624149

Please print updated name and address below:

Phone:

Fax:

Email:

Please check category of membership:

<p><b>Regular Member</b>          Regular Membership is for surgeons, physicians, and scientists engaged in the field of liver transplantation.</p> <p><b>Annual Dues: \$190.00</b></p>	<p><b>Allied Health Professional</b>          Allied Health Professional membership is for an individual who is actively engaged in the science or clinical practice of liver transplantation but does not qualify for either regular or trainee membership, such as nurses, nurse practitioners, physician's assistant and transplant coordinators.</p> <p><b>Annual Dues \$95.00</b></p>	<p><b>Trainee Member</b>          A Trainee Membership is available to a physician, scientist, or health care professional interested in the field of liver transplantation who is in full time training. An individual may hold this type of membership for a maximum of 3 years.          *A letter from the student's program director required.</p> <p><b>Annual Dues: \$75.00</b></p>
---	--	--

**Web Subscriber**  
 The on-line Web Subscriber membership category allows access to the member's only section of the website which contains the specialty sections of anesthesia, hepatology and surgery. This includes the world *wide transplant directory*, *webcast*, *lectures clinical updates and discussions*. The Web Subscriber membership **does not** include the monthly Liver Transplantation Journal paper journal, online journal, or discounts to annual congress or ILTS sponsored meetings.  
**Annual dues \$40.**

Practice Type:	Degree:	Specialty:	
		Primary	Secondary
A. Research	A. MD	A. GI/Hepatology	A. GI/Hepatology
B. Clinical	B. MD, PhD	B. Liver Transplantation Surgery	B. Liver Transplantation Surgery
	C. PhD	C. Anesthesia	C. Anesthesia
	D. RN	D. Critical Care Medicine	D. Critical Care Medicine
	E. Other	E. Pediatrics	E. Pediatrics
		F. Pathology	F. Pathology
		G. Nursing	G. Nursing
<b>Year of Birth:</b>		H. Immunology	H. Immunology
		I. Laboratory Medicine	I. Laboratory Medicine
		J. Pharmacology	J. Pharmacology
		K. Radiology	K. Radiology

Please return a copy of this invoice with your check made payable to the "ILTS" in US dollars, drawn on a US bank or provide the credit card information requested below and return to the address above.

Card Member Name: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Payment by Credit Card: (Select One)

