

REGISTRATION POLICIES/INSTRUCTIONS

FOR COMPLETING THE REGISTRATION FORM

Thirty-Eighth Annual Meeting
and Scientific Sessions • April 11-14, 2018 • Nice, France

1. The Annual Meeting registration fee includes attendance at all scientific sessions, exhibit hall receptions, and coffee breaks.
2. The non-member registration fee includes membership in the Society from the date of registration through December 31, 2018. You will be required to complete a membership application, which will be emailed to you, in order to activate your membership. Please mark the box provided if you do NOT wish to accept the offer of membership. Declining the offer will not result in a reduction of the non-member registration fee.
3. **DO NOT** fax your registration form if you are paying by check or bank draft. Registration forms received without payment will not be processed.
4. **Individuals whose registration and payment are NOT RECEIVED by March 12, 2018 must register on-site.** Registration fees are determined by the date when **payment in full is received**. Registration forms sent without payment in full or with invalid credit card information are subject to the registration fee in effect at the time payment in full is received or when the correct credit card information is provided.
5. Cancellations must be submitted in writing in order to qualify for any refund and should be emailed to Justin Hickman: justin.hickman@ishlt.org. For written cancellation notices **RECEIVED by February 22, 2018**, a full refund of the scientific session fees paid will be given, less a \$90 (VAT included) handling fee. **For written cancellation notices received after February 22, 2018, no refund of any fees will be given. All cancellation refunds will be issued approximately 15 business days after the meeting.**
6. **The Physician/Surgeon Rate** is available only to individuals who have achieved an MD degree or the equivalent.
7. **The Industry Rate** is available to anyone whose primary employer is a for profit commercial entity, excluding medical centers and healthcare providers. **Individuals who meet this definition MAY NOT register under any other category.**
8. **The Allied Health/Non-Physician rate** is available to Individuals who *have not* achieved an MD or the equivalent (e.g. PhDs, non-MD researchers, nurses, pharmacists, physical therapists, psychologists, social workers, etc.) *and are not* pharmaceutical or device company employees/consultants and qualifying individuals should select this rate. Non-member allied health registrants must include with their registration forms a letter signed by the chief/dean of their transplant program verifying their employment and allied health status. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.
9. **The Student/Trainee rate** is available only to individuals who are actively participating in a formal training program (i.e. medical, graduate and nursing students, residents, fellows or the equivalent) and qualifying individuals should select this rate. Non-members choosing this rate must include with their registration forms (or upload if registering on-line) a letter signed by the chief/dean of their program verifying their training status. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.
10. Full payment in **US funds only** must accompany your registration. Checks must be made payable to ISHLT and must be drawn on a US bank. All bank fees incurred for the processing of your payment will be billed to you.
11. **Wire Transfers must be received by March 12, 2018. There will be an additional fee for wire transfers in the amount of \$35 which must be paid by the sender.** Please request bank/wire transfer instructions by emailing Lee Ann Mills: leeann.mills@ishlt.org.
12. **Travel agencies/sponsoring agencies will not be allowed to pick up multiple registrants' name badges. Only the person registered for the meeting may pick up his/her name badge. No Exceptions.**
13. All registrant name changes/replacements are due by **March 12, 2018**. After this date, all name changes must be made on-site. There will be a \$30 (VAT included) fee for each name change/replacement.
14. **Age Restriction:** Children under 19 are not permitted to attend any of the ISHLT events taking place in the Acropolis Congress Center. Guest registration is not available to anyone under 19. Children under 19 who are attending the President's Cocktail Reception must be accompanied by an adult at all times. Children over 11 who wish to attend the President's cocktail Reception must purchase a ticket.
15. **Request of Revised Invoice for VAT Purposes:** There is a \$30 (VAT included) fee for each revised invoice requested for VAT purposes. The fee must be paid prior to receiving the revised invoice, credit card is the preferred payment method.

QUESTIONS?

CALL THE ISHLT

HEADQUARTERS

OFFICE AT

972-490-9495

EMAIL US AT

MEETINGS@ISHLT.ORG

OR FAX US AT

972-490-9499.

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION

REGISTRATION FORM

FORMS THAT ARE FAXED OR MAILED MUST BE LEGIBLE IN ORDER FOR US TO PROCESS.

Thirty-Eighth Annual Meeting and Scientific Sessions ISHLT Academy Courses • April 11-14, 2018 • Nice, France

IMPORTANT: This is a TWO-SIDED FORM. Side A and Side B

Please see page 102 for instructions, rate descriptions and refund/registration policies.

ON-LINE REGISTRATION IS ENCOURAGED AND IS AVAILABLE ON THE ISHLT WEBSITE:

<http://www.isHLT.org/meetings/registrationHousingAndTourForms.asp>

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

CREDENTIAL (MD, RN, FRCS, ETC.): _____

Preferred Mailing Address: This **MUST** be the valid mailing address of the **individual** being registered.

Travel agencies and sponsoring company addresses **will not** be accepted. Please indicate if address is home or business (MANDATORY): Home: Business:

Mailing Address: _____

City: _____ State: _____ Post Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

(Mandatory: Confirmation will be sent to this email only)

DELEGATE BADGE:

(PLEASE PRINT CLEARLY BELOW THE DETAILS FOR YOUR BADGE)

FIRST _____ LAST _____, DEGREE _____

INSTITUTION / ORGANIZATION _____

CITY _____ STATE (if applicable) _____

COUNTRY _____

PROFESSIONAL CLASSIFICATION: (check one box only) **Mandatory that you choose one**

- | | | |
|---|---|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Pediatric Cardiology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Pediatric Pulmonology | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Cardio-Thoracic/
Vascular Surgery | <input type="checkbox"/> Pediatric Transplant Surgery | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Perfusion | <input type="checkbox"/> Transplant Coordination |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pharmacy/Pharmacology | <input type="checkbox"/> VAD Coordinator |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Other: _____ |

All Fees include 20% VAT, Payments must be made in US funds only.

ANNUAL MEETING SCIENTIFIC SESSIONS:

	Received on or before February 22	Received between February 23-March 12***	TOTAL
Industry Member**	\$ 1120	\$ 1270	\$ _____
Industry Non-Member**	\$ 1455	\$ 1605	\$ _____

**Industry is defined as anyone whose primary employer is a for profit commercial entity, excluding medical centers and health care provider. Individuals who meet this definition may not register under any other category.

Physician/Surgeon Member	\$ 875	\$ 1025	\$ _____
Physician/Surgeon Non-Member*	\$ 1210	\$ 1360	\$ _____
Allied Health/Non-Physician Member	\$ 510	\$ 660	\$ _____
Allied Health/Non-Physician Non-Member*	\$ 845	\$ 995	\$ _____
Student/Trainee Member	\$ 390	\$ 540	\$ _____
Student/Trainee Non-Member*	\$ 555	\$ 705	\$ _____

*Includes membership in the Society through December 31, 2018 with completed membership application.

Please check here if you wish to decline this membership offer (no refund or reduction of fee if membership declined)

GUEST AND SOCIAL ACTIVITIES REGISTRATION:

Guest without President's Cocktail Reception+	\$ 55	\$ 55	\$ _____
Guest with President's Cocktail Reception+ (must be purchased in advance, will not be sold on-site.)	\$ 110	\$ 110	\$ _____
Guest Name for Badge: _____			

+ Guest registration includes access to the plenary sessions, exhibit hall, wine and cheese receptions. Guest **MUST** be accompanying a registrant in one of the other categories. Please see instruction #14 regarding age restrictions for children.

PRESIDENT'S COCKTAIL RECEPTION:

(Not included with Scientific Session registration; must be purchased in advance; will not be sold on-site)

Industry Registrant	\$ 110	\$ 110	\$ _____
Physician/Surgeon/Registrant	\$ 55	\$ 55	\$ _____
Student/Trainee/Allied Health Registrant	\$ 28	\$ 28	\$ _____
Additional Guest Reception Ticket	\$ 55	\$ 55	\$ _____

(Please see instruction #14 regarding age restrictions for children.)

SUBTOTAL SIDE A (This side of Form) \$ _____

ISHLT REGISTRATION FORM SIDE B

SUBTOTAL SIDE A \$ _____

ISHLT ACADEMY COURSES:

(Please check box for the Academy you wish to register for;
Core Competency Courses include a box lunch.)

	Received on or before February 22	Received between February 23-March 12***	TOTAL
<input type="checkbox"/> Core Competencies in MCS Tuesday, April 10 (full day)			
<input type="checkbox"/> Core Competencies in LTX Tuesday, April 10 (full day)			
<input type="checkbox"/> Core Competencies in HFTX Tuesday, April 10 (full day)			
<input type="checkbox"/> Master Class in CTEPH Tuesday, April 10 (2 pm – 7 pm)			
<input type="checkbox"/> Master Class in MCS (morning) Tuesday, April 10 (8 am – 1 pm)			
<input type="checkbox"/> Master Class in MCS (afternoon repeat) Tuesday, April 10 (2 pm – 7 pm)			
Core or Masters Academy Course (ISHLT Member):	\$ 275	\$ 325	\$ _____
Core or Masters Academy Course (Non-member):	\$ 440	\$ 490	\$ _____

Registration for the Annual Meeting is not required to register for an Academy.

*** Registrations postmarked after March 12 will not be processed before the meeting and therefore these registrants must go to on-site registration desk to register. Registration fees for forms received after March 12 will be considered on-site registrations and are subject to the on-site registration fees which are \$300 more than the registration fees with the February 22 deadline. On-site registration for Academy courses will only be offered for those courses which are not sold out during pre-registration. Academy registration fees for forms received after March 12 and for on-site academy registration are \$150 more than the early bird registration fees. Academy courses may sell out in advance. On-site registration for academies may not be available.

JUNIOR FACULTY MENTOR LUNCH:

(Wednesday; Advance purchase only. Tickets will not be sold on-site.)

Registration is limited to the first 100 junior faculty members of ISHLT who are also registered for the meeting.

	\$ 15	\$ 15	\$ _____
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TOTAL DUE AND ENCLOSED (SIDE A and B): \$ _____

PAYMENT See instruction #11 for Wire Transfer Instructions:

If not registering online, full payment in US funds only must accompany your registration form by check or credit card. Checks must be made payable to ISHLT and must be drawn on a US bank. Credit card payments are accepted with this entire form completed including all credit card information below and may be mailed or faxed. (To avoid duplicate charges do not mail AND fax your form.)

Credit Card: VISA Mastercard American Express

Card Number: _____ Expiration Date: _____ CSC Code:* _____

*CSC: CREDIT CARD SECURITY CODE IS THE 3-DIGIT CODE ON THE BACK OF MC/VISA CARDS AND THE 4-DIGIT CODE ON FRONT OF AMEX CARD)

Card Holder Signature: _____

Card Holder Name: _____ MANDATORY Card Holder Billing Zip/Postal Code: _____ MANDATORY

Card Holder Billing Street Address _____ MANDATORY

Payments made by Institutions/Companies/Organizations may be submitted to the French tax authorities for VAT reimbursement. Please indicate if this payment is being made by (Mandatory):

- Individual
- Institution/Company/Organization

If Company/Institution/Organization is paying for the registration, please enter the company/institution/organization details:

TAX ID #/VAT # _____

Company/Institution/Organization Name _____

Mailing Address _____

City _____ State _____ Postcode _____ Country _____

The invoice showing your payment including VAT shall be issued by:
VMC, 1 Rond-point de l'Europe, 92250 La Garenne-Colombes/France; FR VAT number: FR75523098614.
The price in Euro will be calculated by using the exchange rate published by European Central Bank the day of the invoicing.

SEND THIS FORM AND PAYMENT (US DOLLARS ONLY) IN FULL TO:

ISHLT Registration • 14673 Midway Road, Suite 200 • Addison, TX 75001 • or fax to 972-490-9499