1. The Annual Meeting registration fee includes attendance at all scientific sessions, exhibit hall receptions, and coffee breaks.

2. DO NOT fax your registration form if you are paying by check or bank draft. Registration forms received without payment will not be processed.

3. Individuals whose registration and payment are NOT RECEIVED by April 1, 2020 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.

4. Cancellations must be submitted in writing in order to qualify for any refund and should be emailed to Angela Lee: angela.lee@ishlt.org. For written cancellation notices RECEIVED by March 18, 2020, a full refund of the scientific session fees paid will be given, less a $75 handling fee. For written cancellation notices received after March 18, 2020, no refund of any fees will be given. All cancellation refunds will be issued approximately 15 days after the meeting.

5. The Physician/Surgeon Rate is available only to individuals who have achieved an MD degree or the equivalent.

6. 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.

7. 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 email their verification letter to meetings@ishlt.org.

8. 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, 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 email their verification letter to meetings@ishlt.org.

9. 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.

10. Wire Transfers must be received by March 18, 2020. 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.

11. 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.

12. All registrant name changes/replacements are due by March 18, 2020. After this date, all name changes must be made on-site. There will be a $25 fee for each name change/replacement.

13. Age Restriction: Children 12 and under are not permitted in sessions and must be accompanied by an adult at all times. Children under the age of 12 are not permitted in the Exhibit Hall at any time.
**Guest registration includes access to the plenary sessions, exhibit hall, wine and cheese receptions in exhibit hall. Guest MUST be accompanying a registrant in one of the other categories. Please see instruction #14 regarding age restrictions for children.**
ISHLT REGISTRATION FORM
SIDE B

ISHLT ACADEMY COURSES (Tuesday, April 21, 2020):
Registration for the Annual Meeting is not required to register for an Academy.
(Please check box for the Academy you wish to register for; Core Competency Courses include a box lunch.)

- Core Competencies in Basic Science and Translational Research
- Core Competencies in Mechanical Circulatory Support
- Core Competencies in Pulmonary Hypertension
- Master Class in Lung Transplantation
- Master Class in Lung Circulatory Support
- Master Class in Nursing, Health Sciences and Allied Health
- Master Class in Pediatric Mechanical Circulatory Support

Tuesday, April 21
(8 am – 1 pm)
(2 pm – 7 pm)
(8 am – 1 pm)

Tuesday, April 21
(8 am – 1 pm)
(2 pm – 7 pm)
Tuesday, April 21
(2 pm – 7 pm)

Core Competency Course (ISHLT Member):
NHSAH Master Class (ISHLT Member):
Other Master Class (ISHLT Member):
Core Competency Course (Non-Member):
NHSAH Master Class (Non-Member):
Other Master Class (Non-Member):

Received on or before March 18
$ 300
$ 250
$ 300
$ 440
$ 390
$ 440

Received between March 19 - April 1
$ 350
$ 300
$ 50
$ 90
$ 440
$ 490

**TOTAL DUE AND ENCLOSED (SIDE A and B): $__________**

**Registrations received after April 1 will not be processed before the meeting and therefore these registrants must register at the Onsite Registration desk. Registration fees and forms received after April 1 will be considered on-site registrations and are subject to the on-site registration fees which are $300 more (for the Annual Meeting) and $100 more (for the Academies) than the registration fees with the March 18 deadline. On-site registration for Academy courses will only be offered for those courses which are not sold out during pre-registration, therefore onsite registration for Academies may not be available.**

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: _______________________________

Card Holder Signature: __________________________________________________________ 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 Name: _______________________________ Card Holder Billing Zip/Postal Code: __________

Card Holder Billing Street Address ____________________________________________________________

MANDATORY

MANDATORY

SEND THIS FORM AND PAYMENT (US DOLLARS ONLY) IN FULL TO:
ISHLT Registration • 14673 Midway Road, Suite 200 • Addison, TX 75001
DO NOT FAX OR EMAIL YOUR REGISTRATION FORM. CREDIT CARD INFORMATION SENT VIA FAX AND EMAIL IS NOT SECURE.