

JOIN IPITA TODAY!

"I would like to ask you all to encourage your colleagues and team members to become members of IPITA if they are not already. These are exciting days ahead, and it would be good if as many people involved in the fields of whole pancreas and islet transplantation (both clinical and research staff) are members of this important Association."

Paul R.V. Johnson

Professor of Paediatric Surgery, Nuffield Dept. of Surgery, University of Oxford

IPITA VISION

The International Pancreas and Islet Transplantation Association aims to serve the pancreas and islet transplant scientific community in providing a forum for the open exchange of knowledge and expertise in order to facilitate the advancement of the clinical practice of pancreas and islet transplantation for the treatment of human diabetes.

IPITA BENEFITS

- Access to recordings from IPITA Congresses in 2019, 2017, 2013, 2011 and 2009; and the 2015 IPITA-IXA-CTS Joint Congress
- Eligibility to apply for travel bursaries to attend IPITA meetings
- \$10,000 Derek Gray Traveling Scholarship (Trainee members only)
- Voting and nomination rights (Full Members only)
- Access to technical guidelines
- Discounted registration for biennial IPITA Congresses (average savings of \$220)
- Reduced subscription rates for *Transplantation Proceedings*, *Transplantation Reviews*, and more
- IPITA Members receive \$50 off their TTS membership dues when paying both at the same time
- IPITA Educational Webinar Series

BECOME AN IPITA MEMBER

- Visit www.ipita.org
- Complete the application form under the Membership tab
- Select one IPITA member who can sponsor your application (list available online)
- Your application will be reviewed and once approved, you will be sent your IPITA member login and information

For more information on membership, please email membership@tts.org

MEMBERSHIP CATEGORIES

FULL | \$100 US • 1 year / \$150 US • 2 years

Full with emerging economy discount | \$42.50 US /year

TRAINEE | \$35 US • 1 year / \$55 US • 2 years

Trainee with emerging economy discount | \$17.50 US /year

ALLIED HEALTH | \$35 US • 1 year / \$55 US • 2 years

AH with emerging economy discount | \$17.50 US /year

*** - MANDATORY FIELDS**

*First (Given) Name:	*Last (Family) Name:
*Institution/Affiliation:	*Position Held:
Address:	
City:	Prov/State:
Postal Code:	*Country:
Tel:	Fax:
*Email:	
*Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
*Date of Birth:	*City and Country of Birth:
Degree(s): MD <input type="checkbox"/> PhD <input type="checkbox"/> Other (Please Specify):	
Percentage of Time Spent on: Clinical % Research % Other %	

SPONSORING IPITA MEMBER:

CHECK THE BOX THAT BEST DESCRIBES YOUR PRIMARY ROLE (CHECK ONE):

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Professional Association Personnel	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Scientist	<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Industry / Marketing	<input type="checkbox"/> Transplant Coordinator
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Organ Procurement Personnel	<input type="checkbox"/> Trainee	<input type="checkbox"/> Other:

AFFILIATION TYPE (CHECK ONE):

<input type="checkbox"/> Industry	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Medical School/University	<input type="checkbox"/> Other:
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Research Foundation	<input type="checkbox"/> Military	

AREAS OF INTEREST (CHECK ALL THAT APPLY):

<input type="checkbox"/> Allied Health Areas	<input type="checkbox"/> Experimental Transplantation	<input type="checkbox"/> Islets	<input type="checkbox"/> Regenerative Medicine
<input type="checkbox"/> Allotransplantation	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Kidney	<input type="checkbox"/> Surgery - Heart
<input type="checkbox"/> Bio-Artificial Cells and Organs	<input type="checkbox"/> Heart, Heart/Lung, Lung	<input type="checkbox"/> Liver and Intestine	<input type="checkbox"/> Surgery - Liver
<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Hepatology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgery - Lung
<input type="checkbox"/> Cell Transplantation	<input type="checkbox"/> Histocompatibility & Immunogenetics	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Surgery - Pancreas
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Immunobiology	<input type="checkbox"/> Organ Procurement & Preservation	<input type="checkbox"/> Surgery - Renal
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression - Clinical	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Tx in Developing Countries
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Immunosuppression - Experimental	<input type="checkbox"/> Pathology	<input type="checkbox"/> Transplantomics
<input type="checkbox"/> Education and Teaching	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Urology
<input type="checkbox"/> Ethics, Economics & Quality of Life	<input type="checkbox"/> Infections	<input type="checkbox"/> Radiography / Medical imaging	<input type="checkbox"/> Xenotransplantation

SELECT MEMBERSHIP CATEGORY*

Full Membership	<input type="checkbox"/> \$ 100.00 US • 1 Year	<input type="checkbox"/> \$ 150.00 US • 2 Years
	- Emerging Economy Discount	<input type="checkbox"/> \$ 42.50 US • 1 Year
AHP Membership	<input type="checkbox"/> \$ 35.00 US • 1 Year	<input type="checkbox"/> \$ 55.00 US • 2 Years
	- Emerging Economy Discount	<input type="checkbox"/> \$ 17.50 US • 1 Year
Trainee Membership	<input type="checkbox"/> \$ 35.00 US • 1 Year	<input type="checkbox"/> \$ 55.00 US • 2 Years
	- Emerging Economy Discount	<input type="checkbox"/> \$ 17.50 US • 1 Year

Payment Information

VISA MasterCard Cash Cheque

Card Number: _____ Expiration Date (MM/YYYY): _____

Cardholder Name: _____

Signature: _____

In order to ensure that you don't miss out on important membership benefits, we will be offering automatic membership renewal starting in 2020.

- DISCOUNTED 2-YEAR RATE - Please renew my membership automatically every 2 years | \$150 (discounted rate)
- REGULAR RATE - Please renew my membership automatically every year | \$100
- Please NO NOT renew my membership automatically and charge me only for this year | \$100