



## Cell Transplant and Regenerative Medicine Society



CTRMS is a Section of  
**The Transplantation  
Society**

# JOIN TODAY!

...and become part of the growing network  
of cell transplant specialists.

The Cell Transplant and Regenerative Medicine Society exists to be the leader in developing and translating safe cellular and regenerative therapies to patients. The Society will promote research, collaboration and focus on regulatory matters as they relate to clinical translation.

### MEMBER BENEFITS:

- **Reduced registration** for biennial meetings (savings of \$220)
- **50% discount** off publication charges for *Cell Transplantation: The Regenerative Medicine Journal*
- Access to the CTRMS **online Membership Directory**
- **Voting and Nomination Rights** (Full Members)
- CTRMS Members receive a **\$50 discount off TTS Member dues** when paying both at the same time

## MEMBERSHIP CATEGORIES

**Full** | \$75 US • 1 year / \$130 US • 2 years  
**Trainee / Allied Health / Technical** | \$50 US • 1 year / \$ 80 US • 2 years

**Apply online today!** [www.tts.org/ctrms](http://www.tts.org/ctrms)

For more information please email:  
[membership@tts.org](mailto:membership@tts.org)



**\* - 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   %   _____			

**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"/> \$ 75.00 US • 1 Year	<input type="checkbox"/> \$ 130.00 US • 2 Years
Trainee Membership	<input type="checkbox"/> \$ 50.00 US • 1 Year	<input type="checkbox"/> \$ 80.00 US • 2 Years
Allied Health	<input type="checkbox"/> \$ 50.00 US • 1 Year	<input type="checkbox"/> \$ 80.00 US • 2 Years
Technical	<input type="checkbox"/> \$ 50.00 US • 1 Year	<input type="checkbox"/> \$ 80.00 US • 2 Years

**Payment Information**

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash <input type="checkbox"/> 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 | \$130 (discounted rate)
- REGULAR RATE - Please renew my membership automatically every year | \$75
- Please NO NOT renew my membership automatically and charge me only for this year | \$75