



International Pediatric
Transplant Association



IPTA is a Section of
The Transplantation Society

Promoting the advancement of the science and practice of transplantation in children worldwide

A ABOUT

The International Pediatric Transplant Association (IPTA) is a professional organization of individuals in the field of pediatric transplantation. The purpose of the association is to advance the science and practice of pediatric transplantation worldwide in order to improve the health of all children who require such treatment. IPTA is dedicated to promoting technical and scientific advances in pediatric transplantation and advocating for the rights of all children who need transplantation.

B BENEFITS

- Pediatric transplant educational opportunities
- Networking opportunities
- Voting and nomination rights for all levels of membership
- Access to the online membership directory
- Reduced registration fees for the biennial Congress
- Access to Congress travel awards for Trainee and Allied Health members
- Access to IPTA 2015, 2017, and 2019 Congress recordings
- Biennial Fellows workshops
- Online subscription to *Pediatric Transplantation*, the official journal of IPTA
- Discounted subscription rates for other transplant journals including *Transplantation Proceedings*, *Transplantation Reviews*, and more.
- Access to the IPTA Newsletter with reports on IPTA activities and initiatives
- Access to the Transplantation Society *Tribune*, a quarterly newsletter updating members TTS activities and its sections, including IPTA
- Significantly reduced rates for members from emerging economy nations
- \$50 discount off TTS dues when paying IPTA and TTS dues at the same time

C CATEGORIES

PHYSICIANS		\$200 US • 1 year / \$380 US • 2 years
TRAINEE		\$ 75 US • 1 year / \$140 US • 2 years
ALLIED HEALTH		\$100 US • 1 year / \$190 US • 2 years
EMERGING ECONOMY		\$ 55 US • 1 year / \$100 US • 2 years

JOIN IPTA TODAY!

Becoming a member has never been easier!

- Go online to www.tts.org/ipta
- Complete the application form
- Once approved, you will be sent your IPTA member login

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



MEMBERSHIP APPLICATION

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.TTS.ORG/IPTA

*** - MANDATORY FIELDS**

*First (Given) Name: _____ *Last (Family) Name: _____

*Institution/Affiliation: _____ *Position Held: _____

Address: _____

City: _____ Prov/State: _____

Postal Code: _____ *Country: _____

Tel: _____ Fax: _____

*Email: _____

*Sex: Male Female

*Date of Birth: _____ *City and Country of Birth: _____

Degree(s): MD PhD 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*

Physicians \$ 200.00 US • 1 Year | \$ 380.00 US • 2 Years

Trainee Membership \$ 75.00 US • 1 Year | \$ 140.00 US • 2 Years

Allied Health \$ 100.00 US • 1 Year | \$ 190.00 US • 2 Years

Emerging Economy \$ 55.00 US • 1 Year | \$ 100.00 US • 2 Years

If you were referred to IPTA by a colleague please indicate their full name: _____

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 | \$380 (discounted rate)
- REGULAR RATE - Please renew my membership automatically every year | \$200
- Please NO NOT renew my membership automatically and charge me only for this year | \$200