



JOIN IRTA TODAY

...and become part of the growing network of intestinal rehabilitation and transplant specialists.

The mission of the Intestinal Rehabilitation & Transplant Association is to save and enhance the lives of intestinal failure patients with innovative medical, surgical and transplant therapies through education, policy development and research while taking into value:

Collaboration: Working closely with IRTA members, scientific societies, health organizations, and governments;

Advocacy: Speaking out on issues of concern to our constituency;

Quality: Promoting excellence through interdisciplinary teamwork, and;

Integrity: Acting on the highest standards of ethical practice.

MEMBER BENEFITS:

- Access to the Intestinal Rehabilitation & Transplant Registry data
- Access to Intestinal Rehabilitation & Transplant Webinars
- Access to Recordings from past Symposia and Congresses
- Access to the IRTA online Membership Directory
- Allied Health Professional case studies and special interest articles
- IRTA Newsletters
- Voting and Nomination Rights (Full and AHP Members)
- Receive a \$50 rebate on TTS Member dues when paying your IRTA dues at the same time
- Reduced subscription rates for *Transplantation Proceedings*, *Transplantation Reviews*, and more

Membership Categories

Full
\$75 US • 1 Year
\$150 US • 2 Years

Trainee
\$50 US • 1 Year
\$100 US • 2 Years

Allied Health Professional
\$50 US • 1 Year
\$90 US • 2 Years

Why Did You Become a Member of IRTA?

"Intestinal transplant is one of my major interests and I found it a way to be on top of knowledge, share experience and problems with colleagues and maintain interest in research areas..."

"To advance the field of transplantation by using the IRTA as a venue for information exchange..."

"To have a relationship with and to network with other allied health professionals in the field..."

"This is the only organization truly focused on intestinal failure and transplant...it provides a forum for learning and networking that does not exist elsewhere..."

Apply online today!
www.irta.org

For more information about IRTA membership, please email:
membership@tts.org



YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.IRTA.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 \$ 75.00 US • 1 Year | \$ 150.00 US • 2 Years
 Trainee Membership \$ 50.00 US • 1 Year | \$ 100.00 US • 2 Years
 Allied Health \$ 50.00 US • 1 Year | \$ 90.00 US • 2 Years

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 | \$75
- Please NO NOT renew my membership automatically and charge me only for this year | \$75