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

The mission of the International 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 IIRTA 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:
- Reduced registration rates for IIRTA's biennial Congresses
- Eligible to apply for biennial Congress Scientific awards
- Access to the Intestinal Failure & Transplant Registry data
- Access to all IIRTA Webinars and recordings
- Access to Recordings from past Symposia and Congresses
- Access to the IIRTA online Membership Directory
- Allied Health Professional case studies and special interest articles
- Voting and Nomination Rights (Full and AHP Members)
- Receive a $50 rebate on TTS Member dues when paying your IIRTA dues at the same time

Why Did You Become a Member of IIRTA?

“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 IIRTA 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.iirta.org

For more information about IIRTA membership, please email: membership@tts.org
MEMBERSHIP APPLICATION

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.IIRTA.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 ☐ 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):

☐ Physician 

☐ Scientist 

☐ Surgeon 

☐ Lab Technician 

☐ Organ Procurement Personnel 

☐ Professional Association Personnel 

☐ Industry / Marketing 

☐ Trainee 

☐ Pharmacist 

☐ Transplant Coordinator 

☐ Other:

AFFILIATION TYPE (CHECK ONE):

☐ Industry 

☐ Government Agency 

☐ Private Practice 

☐ Research Foundation 

☐ Medical School/University 

☐ Military 

☐ Other: 

AREAS OF INTEREST (CHECK ALL THAT APPLY):

☐ Allied Health Areas 

☐ Experimental Transplantation 

☐ Gastroenterology 

☐ Heart, Heart/Lung, Lung 

☐ Hepatology 

☐ Histocompatibility & Immunogenetics 

☐ Immunobiology 

☐ Immunosuppression - Clinical 

☐ Immunosuppression - Experimental 

☐ Internal Medicine 

☐ Infections 

☐ Islets 

☐ Kidney 

☐ Liver and Intestine 

☐ Nursing 

☐ Nutrition 

☐ Organ Procurement & Preservation 

☐ Pancreas 

☐ Pathology 

☐ Pharmacetics 

☐ Radiography / Medical imaging 

☐ Regenerative Medicine 

☐ Surgery - Heart 

☐ Surgery - Liver 

☐ Surgery - Lung 

☐ Surgery - Pancreas 

☐ Surgery - Renal 

☐ Tx in Developing Countries 

☐ Transplantomics 

☐ Urology 

☐ 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