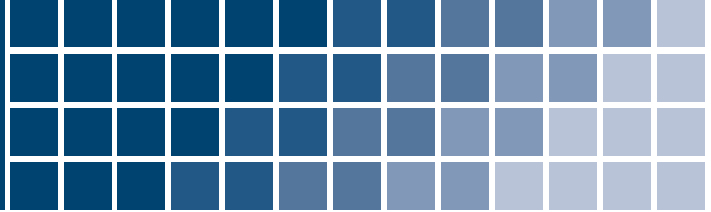




# JOIN IRTA TODAY

...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:

- Reduced registration rates for CIRTA's biennial Congresses
- Eligible to apply for biennial Congress Scientific awards
- Access to the Intestinal Failure & Transplant Registry data
- Access to all IRTA Webinars and recordings
- Access to Recordings from past Symposia and Congresses
- Access to the IRTA 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 IRTA dues at the same time

### 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  
\$100 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](http://www.irta.org)

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





YOU MAY ALSO APPLY DIRECTLY ONLINE AT [WWW.IRTA.ORG](http://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  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\***

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