

**JOIN
ISODP
TODAY!**

“Advancing organ donation is a common global mission and I believe we all have opportunities to learn and grow by sharing best practices internationally. Membership in the ISODP creates that chance to develop an understanding of global challenges in increasing donation, and to meet colleagues and strengthen international cooperation and promotion.”

Susan Gunderson, ISODP President

MISSION

The mission of the International Society for Organ Donation and Procurement (ISODP) is to foster, promote and develop all aspects of organ and tissue donation and procurement. The ultimate aim is to increase the supply of high quality organs and tissue to match the need.

MEMBERSHIP BENEFITS

- Educational webinar recordings
- Access to multimedia content from past congresses and webinars
- Eligibility to apply for ISODP scholarships and travel grants
- Access to the member directory
- Reduced congress registration fees (\$200 savings)
- Reduced subscription rates for *Transplantation Proceedings*, *Transplantation Reviews*, and more
- Voting and nomination rights for ISODP Council elections
- Receive a \$50 discount off TTS dues when you pay your ISODP and TTS dues at the same time
- TTS's Newsletter *Tribune* updating members on ISODP and TTS activities

APPLY TODAY!

- Go online to www.isodp.org
- Complete the application form
- Once approved, you will be sent your ISODP member login

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

FULL MEMBERSHIP

\$60
1 YEAR*

* 50% discount applies to applicants from emerging economies

Full Membership: \$60.00 US • 1 Year | \$100.00 US • 2 Years
Trainee Membership: \$45.00 US • 1 Year | \$ 75.00 US • 2 Years
Emerging Economy: \$30.00 US • 1 Year | \$ 50.00 US • 2 Years
Trainee Emerg. Econ.: \$22.50 US • 1 Year | \$ 40.00 US • 2 Years

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.ISODP.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"/> \$ 60.00 US • 1 Year	<input type="checkbox"/> \$ 100.00 US • 2 Years
Trainee Membership	<input type="checkbox"/> \$ 45.00 US • 1 Year	<input type="checkbox"/> \$ 75.00 US • 2 Years
Emerging Economy	<input type="checkbox"/> \$ 30.00 US • 1 Year	<input type="checkbox"/> \$ 50.00 US • 2 Years
Trainee Emerg. Econ.	<input type="checkbox"/> \$ 22.50 US • 1 Year	<input type="checkbox"/> \$ 40.00 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 | \$100 (discounted rate)
- REGULAR RATE - Please renew my membership automatically every year | \$60
- Please NO NOT renew my membership automatically and charge me only for this year | \$60