



The **International Society of Vascularized Composite Allotransplantation (ISVCA)** a professional Society of individuals who are actively engaged in the science or clinical practice of vascularized composite allografts or composite tissue allotransplantation. The Society is comprised of physicians, surgeons, scientists, immunologists, and other specialists, representing 30 different countries around the world.

**MEMBERSHIP
BENEFITS:**



- **Reduced Rate for Biennial Congress:**
ISVCA members receive significant saving on their registration for ISVCA biennial congresses (average of \$150 USD).
- **Reduced subscription rates to journals:**
ISVCA members can purchase TTS journals at a considerable discount from the personal subscription rate.
- **Access to the IRHCTT Registry content and statistics**
- **Quarterly members only newsletter**
- **Access to our ISVCA member directory**
- **TTS Newsletter:**
ISVCA members receive the TTS Tribune newsletter, updating members on TTS and Section activities.
- **Discount on TTS Membership:**
ISVCA members receive a 50\$ discount off TTS dues.

**MEMBERSHIP
FEES**

Full Member: \$50 USD • 1 year / \$95 USD • 2 years
Trainee: \$25 USD • 1 year / \$45 USD • 2 years

JOIN ISVCA TODAY!

**BECOME A MEMBER
OF ISVCA IN**

**4 EASY
STEPS!**

1. Visit www.isvca.org
 2. Complete the online application form
 3. Submit your application for review
 4. After your application has been approved, you will receive an ISVCA member login
- For more information about ISVCA membership, please email: membership@tts.org



YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.ISVCA.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 \$ 50.00 US • 1 Year | \$ 95.00 US • 2 Years

Trainee Membership \$ 25.00 US • 1 Year | \$ 45.00 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 | \$95 (discounted rate)

REGULAR RATE - Please renew my membership automatically every year | \$50

Please NO NOT renew my membership automatically and charge me only for this year | \$50