

JOIN IXA TODAY!

"Scientists studying Xenotransplantation are spread out across the world. Rarely are we near others that share our goals and ideas. Joining the International Xenotransplantation Association made the world seem a bit smaller. I now have more in common with other Xeno scientists and a point of contact to reach out to others interested in Xenotransplantation. Joining the IXA has helped me advance my research and made me feel like a member of a larger research community. If one was interested or just curious about xenotransplantation, there isn't a better group to learn from than the members of the IXA."

Christopher Burlak, 2012 Xeno Prize Winner,
Assistant Professor, Indiana University School of Medicine, Indianapolis, IN, USA

BENEFITS OF BEING AN IXA MEMBER

- Online access to the IXA's official journal *Xenotransplantation* (Full Members)
- Carl-Gustav Groth Xeno-Prize (\$7,000) for the best paper published in *Xenotransplantation*
- Free access to our multimedia library with presentations from the 2017, 2013, 2011 and 2009 IXA Congresses; and the 2015 IPITA-IXA-CTS Joint Congress
- Reduced registration fees at biennial IXA Congresses (saving of \$200)
- Scientific awards for Young Investigators
- Access to the member directory
- Voting rights (Full Members)
- \$50 discount off TTS membership when paying TTS and IXA dues at the same time

MISSION STATEMENT

The IXA's mission is to promote xenotransplantation as a safe, ethical, and effective therapeutic modality by:

- **Fostering** the science of xenotransplantation through promotion of ethical clinical and pre-clinical research, productive discourse, and collaboration;
- **Educating** health care providers and lay persons through broad, representative participation in interactive public debate, and;
- **Guiding** the development of scientifically sound, internationally consistent public policy that is responsive to new developments in the field and acknowledges varying social, ethical and legal frameworks

CATEGORIES OF IXA MEMBERSHIP

- **Full Member - \$85/ 1 year | \$150/ 2 years**
(includes online journal access; must also be a TTS member)
- **Associate Member - \$50/ 1 year | \$80/ 2 years**
- **Trainee Member - \$35/ 1 year | \$60/ 2 years**
- **Emeritus Member - FREE**

Applications for all membership categories require sponsorship by an IXA full member in good standing.

BECOME AN IXA MEMBER

- Visit www.xenotransplantation.org
- Complete and submit the application form (PDF or online form)
- Once approved, you will receive your member login
- Please note that full IXA members must also be members of TTS

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.XENOTRANSPLANTATION.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 \$ 85.00 US • 1 Year | \$ 150.00 US • 2 Years
(Includes online journal access; must also be a TTS member)

Associate Membership \$ 50.00 US • 1 Year | \$ 80.00 US • 2 Years

Trainee Membership \$ 35.00 US • 1 Year | \$ 60.00 US • 2 Years

Emeritus Membership - FREE

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 | \$85

Please NO NOT renew my membership automatically and charge me only for this year | \$85