



SPLIT is a Section of
The Transplantation Society



Society of Pediatric Liver Transplantation (SPLIT) is a community of physicians, surgeons, nurses and other allied health professionals whose mission is to improve the outcomes in children receiving liver transplantation through research, improving care, training and mentoring, and supporting children and families.

WHO can join?

- Pediatric hepatologists
- Transplant surgeons
- Psychologists
- Pharmacists
- Research coordinators
- Clinical coordinators
- Data coordinators
- Nurses
- Health professionals

Membership Categories:

- **Full Membership (\$75)**
Faculty (Physicians, surgeons, and scientists) engaged in the treatment of pediatric transplant patients or in research activities related to organ transplantation.
- **Trainee Membership (\$30)**
Any individual actively engaged in training at an accredited training program in any field related to the science or practice of transplantation shall be eligible for this category membership. (Trainee status shall be verified by including a supporting letter from your program director with your application.)
- **Associate Membership (\$30)**
Transplant nurses, Nurse Practitioners, Transplant Coordinators, Allied Health Professionals, Hospital Administrators, Transplant Administrators, Organ Procurement Personnel, Physicians Assistants, and Research Assistants are eligible for this category of membership.

WHY become a member?

Benefits of membership include:

- **Reduced Registration Rates for SPLIT Annual Scientific Meeting:**
Members of SPLIT will receive reduced registration fees for the Annual SPLIT meeting (average \$100 USD). The SPLIT meeting covers major themes, highlighting the most recent advances in clinical and basic sciences related to pediatric liver transplantation.
- **Eligibility to apply for SPLIT Travel Grants and Awards:**
Travel grants to attend the SPLIT Annual Meeting are awarded to trainees/fellows and parent advocates who are involved in a program in which a SPLIT member is associated.
- **Opportunities to become a member of or participate with your peers on SPLIT Committees**
- **Opportunities to submit for grants based on RFAs for research, QI, and/or educational initiatives**
- **Access to the Members-Only section of the SPLIT website**
- **Membership Directory:** Complete list of all SPLIT members with email address.
- **Access to slide presentations from SPLIT Annual Meetings**
- **Discount on TTS Membership:** SPLIT members receive a \$50 discount off TTS dues.

JOIN SPLIT IN 3 EASY STEPS

HOW to become a member?

1. Visit www.tts.org/split/split-home
2. Complete and submit the online application form
3. After your application has been approved, you will receive a SPLIT member login

For more information about SPLIT membership, please email: membership@tts.org



MEMBERSHIP APPLICATION

YOU MAY ALSO APPLY DIRECTLY ONLINE AT WWW.TTS.ORG/SPLIT/SPLIT-HOME

* - 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"/> Lab Technician	<input type="checkbox"/> Trainee
<input type="checkbox"/> Scientist	<input type="checkbox"/> Organ Procurement Personnel	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Professional Association Personnel	<input type="checkbox"/> Transplant Coordinator
<input type="checkbox"/> Nurse	<input type="checkbox"/> Industry / Marketing	<input type="checkbox"/> Other: _____

AFFILIATION TYPE (CHECK ONE):

<input type="checkbox"/> Industry	<input type="checkbox"/> Research Foundation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Medical School/University	
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Military	

AREAS OF INTEREST (CHECK ALL THAT APPLY):

<input type="checkbox"/> Allied Health Areas	<input type="checkbox"/> Histocompatibility and Immunogenetics	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Allotransplantation	<input type="checkbox"/> Immunobiology	<input type="checkbox"/> Radiography / Medical imaging
<input type="checkbox"/> Bio-Artificial Cells and Organs	<input type="checkbox"/> Immunosuppression - Clinical	<input type="checkbox"/> Regenerative Medicine
<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Immunosuppression - Experimental	<input type="checkbox"/> Surgery - Heart
<input type="checkbox"/> Cell Transplantation	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Surgery - Liver
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Infections	<input type="checkbox"/> Surgery - Lung
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Islets	<input type="checkbox"/> Surgery - Pancreas
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Kidney	<input type="checkbox"/> Surgery - Renal
<input type="checkbox"/> Education and Teaching	<input type="checkbox"/> Liver and Intestine	<input type="checkbox"/> Transplantation in Developing Countries
<input type="checkbox"/> Ethics, Economics & Quality of Life	<input type="checkbox"/> Nursing	<input type="checkbox"/> Transplantomics
<input type="checkbox"/> Experimental Transplantation	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Urology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Organ Procurement & Preservation	<input type="checkbox"/> Xenotransplantation
<input type="checkbox"/> Heart, Heart/Lung, Lung	<input type="checkbox"/> Pancreas	
<input type="checkbox"/> Hepatology	<input type="checkbox"/> Pathology	

SELECT MEMBERSHIP CATEGORY*

Full Membership \$ 75.00 US / year

Trainee Membership \$ 30.00 US / year

Associate Membership \$ 30.00 US / year

Payment Information

VISA MasterCard Cash Cheque

Card Number: _____ Expiration Date (MM/YYYY): _____

Cardholder Name: _____

Signature: _____