



PRE-REGISTRATION FORM

May 31 – June 4, 2008, Metropolitan Toronto Convention Center • Toronto, Ontario, Canada

PRE-REGISTRATION DEADLINE IS MAY 2, 2008

Name: _____ Degree (MD, PhD): _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-mail: _____ Fax: _____ Telephone: _____

Demographics

Please provide the demographic information requested below. (Check one box only in each category that best describes you)

Date of Birth: _____ Gender: Male Female

Specialty/Research Interest:

- A Cardiology
- B GI/Hepatology
- C Immunology/Tissue Typing
- D Nephrology
- E Pediatrics
- F Pulmonology
- G Surgery
 - 1 Renal
 - 2 Pancreas
 - 3 Hepatic
 - 4 Cardiac
 - 5 Pulmonary
- H Infectious Diseases
- I Pancreas
- J Research
- K Endocrinology/Diabetes
- L Bone Marrow/Hematology
- M Pathology
- N Other _____

Affiliation:

- A Industry
- B NIH/Government Agency
- C Private Practice
- D Research Foundation
- E Academic
- F Military
- G Other _____

Practice Type:

- A Research
- B Clinical

Degree:

- A MD
- B MD, PhD
- C PhD
- D PharmD
- E Other _____

What Best Describes You?

- A Physician
- B Surgeon
- C Scientist
- D Nurse
- E Lab Technician
- F Organ Procurement Personnel
- G Pharmacist
- H Professional Association Personnel
- I Industry/Marketing
- J Transplant Coordinator
- K Physician Assistant
- L Other _____

***Be sure to complete both pages 32 and 33 of this registration form.**

*Notice to trainees: The following section must be completed in order to register as a trainee.

*I, _____, certify that Dr. _____

is a resident at _____ Signature of Program Director _____

Federal ID #42-1182936

SPECIAL NEEDS:

- Please check here if you require special attention to fully participate. The American Society of Transplant Surgeons (ASTS) and American Society of Transplantation (AST) fully comply with the legal requirements of the Americans with Disabilities Act rules and regulations. If any participant in ATC is in need of special accommodations, please submit a written request of your needs.

Refund Policy:

Requests for refunds must be submitted by **May 31, 2008**, to be reimbursed. There will be a \$75 processing fee for all refunds. Registration badge and ribbons must accompany requests. Refunds will not be processed until after the meeting. Refund requests after **May 31, 2008**, will not be honored. There will be no refunds for Early Morning Workshops.

**When faxing your registration be sure to fax BOTH pages (32-33) of the form:
FAX: 508-759-4552**

MAIL THIS FORM TO:
American Transplant Congress
C/O Convention Data Services
107 Waterhouse Road
Bourne, MA 02532

Register online: www.atcmeeting.org

A. Pre-meeting Symposia

Saturday, May 31, 2008

- | | Pre | On-site |
|--|--|--------------------------------|
| (1) Dual Member | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$210 |
| (2) ASTS Member | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$210 |
| (3) AST Member | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$210 |
| (4) ASTS International Member | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$190 |
| (5) AST International Member | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$190 |
| (6) ASTS Trainee Member | <input type="checkbox"/> \$35 | <input type="checkbox"/> \$60 |
| (7) AST Trainee Member | <input type="checkbox"/> \$35 | <input type="checkbox"/> \$60 |
| (8) Non-member | <input type="checkbox"/> \$245 | <input type="checkbox"/> \$320 |
| (9) Trainee Non-member | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$100 |
| (10) ASTS Non-doctoral Member | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$115 |
| <input type="checkbox"/> a. Research Asst. | <input type="checkbox"/> d. Transplant Coordinator | |
| <input type="checkbox"/> b. Transplant Nurse | <input type="checkbox"/> e. Transplant Administrator | |
| <input type="checkbox"/> c. Physicians Asst. | <input type="checkbox"/> f. Lab Technician | |
| (11) AST Non-doctoral Member | <input type="checkbox"/> \$80 | <input type="checkbox"/> \$135 |
| <input type="checkbox"/> a. Research Asst. | <input type="checkbox"/> d. Transplant Coordinator | |
| <input type="checkbox"/> b. Transplant Nurse | <input type="checkbox"/> e. Transplant Administrator | |
| <input type="checkbox"/> c. Physicians Asst. | <input type="checkbox"/> f. Lab Technician | |
| (12) Non-doctoral Non-member | <input type="checkbox"/> \$110 | <input type="checkbox"/> \$135 |
| <input type="checkbox"/> a. Research Asst. | <input type="checkbox"/> d. Transplant Coordinator | |
| <input type="checkbox"/> b. Transplant Nurse | <input type="checkbox"/> e. Transplant Administrator | |
| <input type="checkbox"/> c. Physicians Asst. | <input type="checkbox"/> f. Lab Technician | |

Full Day Sessions

- 1. Transplant Immunology for the Clinician
- 2. Clinical Updates
- 3. Transplant Nurse and Coordinator Course
- 4. Hepatitis C and Liver Transplantation
- 5. HRSA and OPTN: Current Issues and Initiatives
- 6. Updates for the Clinician-Scientist

PM Sessions

- 7. Pediatric Transplantation
- 8. Infectious Disease

B. ATC Meeting

Saturday – Wednesday, May 31 – June 4

- | | Pre | On-site |
|--|--|--------------------------------|
| (1) Dual Member | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$445 |
| (2) ASTS Member | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$445 |
| (3) AST Member | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$445 |
| (4) ASTS International Member | <input type="checkbox"/> \$305 | <input type="checkbox"/> \$355 |
| (5) AST International Member | <input type="checkbox"/> \$305 | <input type="checkbox"/> \$355 |
| (6) ASTS Trainee Member | <input type="checkbox"/> \$ 60 | <input type="checkbox"/> \$ 85 |
| (7) AST Trainee Member | <input type="checkbox"/> \$ 60 | <input type="checkbox"/> \$ 85 |
| (8) Non-member | <input type="checkbox"/> \$690 | <input type="checkbox"/> \$790 |
| (9) Trainee Non-member | <input type="checkbox"/> \$145 | <input type="checkbox"/> \$195 |
| (10) ASTS Non-doctoral Member | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> a. Research Asst. | <input type="checkbox"/> d. Transplant Coordinator | |
| <input type="checkbox"/> b. Transplant Nurse | <input type="checkbox"/> e. Transplant Administrator | |
| <input type="checkbox"/> c. Physicians Asst. | <input type="checkbox"/> f. Lab Technician | |
| (11) AST Non-doctoral Member | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> a. Research Asst. | <input type="checkbox"/> d. Transplant Coordinator | |
| <input type="checkbox"/> b. Transplant Nurse | <input type="checkbox"/> e. Transplant Administrator | |
| <input type="checkbox"/> c. Physicians Asst. | <input type="checkbox"/> f. Lab Technician | |
| (12) Non-doctoral Non-member | <input type="checkbox"/> \$285 | <input type="checkbox"/> \$335 |
| <input type="checkbox"/> a. Research Asst. | <input type="checkbox"/> d. Transplant Coordinator | |
| <input type="checkbox"/> b. Transplant Nurse | <input type="checkbox"/> e. Transplant Administrator | |
| <input type="checkbox"/> c. Physicians Asst. | <input type="checkbox"/> f. Lab Technician | |

C. Sunrise Symposia – No Fee

- (1) Sunday, Sunrise I
Renal Transplant Clinical Pathology
- (2) Sunday, Sunrise II
mTOR and Vascular Biology: Discovery to Translation
- (3) Sunday, Sunrise III
Pancreas Alone vs. Islet Transplantation – Current Controversies
- (4) Sunday, Sunrise IV
Assessment and Clinical Considerations of New
Histocompatibility Tests for Antibody Identification (HLA/Non-
HLA) and Crossmatching
- (5) Monday, Sunrise I
Hepatocellular Carcinoma in Liver Transplantation
- (6) Monday, Sunrise II
Assessing Cardiovascular Risk before and after Transplantation
- (7) Monday, Sunrise III
Innate Immunity in Transplantation
- (8) Monday, Sunrise IV
Basic Science of New Therapeutic Targets in Post-transplantation
Malignancies
- (9) Tuesday, Sunrise I
Update in B Cell Tolerance
- (10) Tuesday, Sunrise II
Pediatrics: Are Children Suitable Candidates for Tolerance Regimens?
- (11) Tuesday, Sunrise III
Fellowship Training of the Transplant Specialist
- (12) Tuesday, Sunrise IV
Lung Transplantation: Hot Topics
- (13) Wednesday, Sunrise I
Canadian Perspectives on Clinical Transplantation
- (14) Wednesday, Sunrise II
Randomized Clinical Trials (RCT's) in Heart Transplantation
- (15) Wednesday, Sunrise III
Polyomavirus
- (16) Wednesday, Sunrise IV
Living Donor Liver Transplantation

D. Early Morning Workshops – Ticketed Event

Please list choice by numbers (choices located on pages 19, 22, 25, and 27 of this brochure). Due to limited space, please give five choices for each day. Everyone \$30 per day (fee includes breakfast)

Sunday, June 1

Choices: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Monday, June 2

Choices: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Tuesday, June 3

Choices: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Wednesday, June 4

Choices: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Total A,B,D registration fee enclosed

\$ _____

Payment Information

Make check payable to ATC Meeting (U.S. funds drawn on a U.S. bank only) or provide credit card information. Do not send cash! **If using a VISA card your must provide the three-digit code on the back of the card.**

VISA MasterCard American Express

Acct.# _____

Signature _____

Exp. Date _____

Cardholder's Name _____