



# 2010 Symposium Registration Form

19<sup>th</sup> Annual ITNS Symposium and General Assembly

October 28-30, 2010 • Sheraton Bloomington Hotel • Minneapolis, Minnesota USA



Hotel Reservations: <http://www.starwoodmeeting.com/Book/ITNS2010>

Registration begins and the Welcome Reception will be held on Wednesday, October 27<sup>th</sup> 5:30pm - 7:30pm.  
The Symposium begins at 8:00am on Thursday, October 28<sup>th</sup> and ends at 5:30pm on Saturday, October 30<sup>th</sup>.

## NAME BADGE INFORMATION:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Degrees/credentials: \_\_\_\_\_ Position/Role: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
(City/State/Province)

**CORRESPONDENCE ADDRESS:**  Home  Work

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

## WORKSHOP SELECTION:

There are 8-1/2 day workshops, please select one option for the morning and one option for the afternoon

### Morning Workshop Options (select ONLY ONE)

- Putting It All Together: Integrating Complementary Therapies Into Your Transplant Practice
- Health Literacy: Instant Teaching Tools for Diverse Learners
- The High Risk Transplant: Identifying Those at Risk, Risk Stratification and Management Strategies
- The Other Side of Transplant: The Donor World

### Afternoon Workshop Options (select ONLY ONE)

- Heart and Lung Transplant: The Future is Now
- Research and Evidence Based Practice
- Staff Nurse: Practice Enrichment Through Knowledge and Interaction
- Issues with Aging Recipients

## SIG / COMMITTEE / CHAPTER LEADERS MEETINGS:

- APN  Cardiothoracic  Chapter Leaders
- Education  Research  Staff Nurse
- Pediatrics  ITNS Past Presidents

## LUNCH OPTIONS: I will attend lunch...

- Thursday  Friday  Saturday

I will attend the **Welcome Reception**..  Yes  No  
Wednesday, October 27, 5:30-7:30pm (no charge/fee)  
(Symposium begins Thursday, October 28)

I will attend the **Poster Session/Wine Reception**.....  Yes  No  
Friday, October 29, 4:45-6:00pm (no charge/fee)

I would like to serve as a **Moderator**  
for an abstract breakout session...  Yes  No

## SPECIALTY INTEREST:

- Kidney/Pancreas  Heart/Lung  Liver
- Small Bowel  Research  QOL
- Procurement  Pediatrics  Donor
- Other \_\_\_\_\_

**INTEREST LEVEL:**  Staff  Advanced Practice  
 Transplant Coordinator  Manager/Administrator  
Is this your first ITNS Symposium? ..... Yes No

**PAYMENT ENCLOSED:** (payable in US Funds only)  
Symposium..... \$ \_\_\_\_\_ USD  
(prices reflect discount rate before Sept. 15th / rate after Sept. 15)  
 Member (\$450 / \$500) ITNS # \_\_\_\_\_  
 Non-member Joining now (m'ship application enclosed) (\$525 / \$575)  
 Non-member (\$525 / \$575)

One-Day  Thursday  Friday  Saturday \$ \_\_\_\_\_ USD  
 Member (\$150 / \$175) ITNS # \_\_\_\_\_  
 Non-member Joining now (m'ship application enclosed) (\$225 / \$250)  
 Non-member (\$225 / \$250)

- Personal check  Company/hospital check
- VISA  AMEX  MasterCard

Card #: \_\_\_\_\_

Please add CVV or CID number   
Please enter 3-digit number from the back of your card immediately following the account number.  
This is required to process a card which is not physically present at ITNS headquarters.

Expiry date: \_\_\_\_\_ (month/year)

Signature: \_\_\_\_\_

If the credit card is not the registrant's card, please provide the following:

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_