

ITNS Winter Workshop Registration Form

TRANSPLANT NURSING ACROSS THE LIFESPAN...*SHARING BEST PRACTICES*

NAME BADGE INFORMATION:

First name: _____

Last name: _____

Degrees/credentials: _____

Position/Role: _____

Employer: _____

Employer's City: _____

Employer's State/Province: _____

CORRESPONDENCE ADDRESS:

Home Work

Mailing address: _____

City: _____

State/Province: _____

Postal code: _____

Country: _____

Email: _____

Phone number: _____

Fax number: _____

SPECIALTY INTEREST:

Kidney/Pancreas Heart/Lung Liver

Small Bowel Research QOL

Procurement Pediatrics Donor

Other _____

INTEREST LEVEL: Staff Advanced Practice

Transplant Coordinator Manager/Administrator

Other _____

Yes No I will attend Lunch on Friday

Suggested networking topic(s) for lunch on Friday

1. _____

2. _____

3. _____

I prefer not to be at an organized networking table

FEE SCHEDULE

ITNS Active Members\$375

ITNS # _____

Non-member, joining now;
application enclosed\$450

Non-members\$450

All cancellations must be received in writing. A \$30 administrative fee will be deducted from cancellations received up to 72 hours in advance. After that time, no refunds can be made.

PAYMENT

ENCLOSED/CHARGED: \$ _____ USD
(payable in US Funds only)

Make check payable to ITNS

Personal check Company/hospital check

VISA MasterCard AMEX

Money order

Card #: _____

Please add CVV or CID number
Please enter 3-digit number from the back of your card immediately following the account number. AMEX CVV/CID number is 4 digits, and is on the front of the card. 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, such as a hospital corporate card, please provide the following:

Cardholder Name: _____

Billing Address: _____

City: _____

State/Country: _____

Postal Code: _____

Email: _____

Please fax or mail this workshop registration form to:

ITNS
1739 E. Carson Street, Box #351
Pittsburgh, Pennsylvania 15203-1700 USA
Fax: +1 (412) 343-3959
Phone: +1 (412) 343-ITNS (4867)
Email: itns_admin@msn.com
www.itns.org

