



International
Transplant Nurses
Society

ITNS Non-CE Symposium
Request Form
Transplant Nursing Symposium
October 20-23, 2022
Hilton Rosemont Chicago O'Hare

NON-CE PROGRAM PREFERENCE \$15,000 or \$40,000 (Food included)

- Lunch – (Dates and time TBD)
- Breakfast – (Dates and time TBD)

Note that every effort will be made to accommodate your preference; however, no guarantees can be made. Additionally, any or all of the preferred times may be concurrent with other Non-CE Symposia.

*Times are subject to change

Sponsoring Organization Name: _____

Title of Program: _____

For use in ITNS meeting materials -*please submit a company logo and a 50-word description of the program electronically to mpaulson@itns.org with application.*

Contact information:

Contact Person _____ Title _____

Company Name _____

Address _____

City, State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail Address _____

Date received: _____ (Topic will be reviewed within 5 business days of receipt)

Approval Signature: _____ Date: _____

Request Denied Signature: _____ Date: _____

Reasons: Topic Not Appropriate for audience Requested time slot not available

Payment information: You may pay by check or credit card.

Amount \$ _____ USD Check # _____

Credit Card # _____ Expiration Date: _____

Card Holder Name: _____ Credit Card Type: _____

Signature: _____

A 3% service charge will be applied to cc payments of \$5,000 or more

Return this form to: Mary Paulson, ITNS Manager, Professional Relations
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