



XXIII International Congress of The Transplantation Society

AUGUST 15 – 19, 2010 | VANCOUVER, CANADA
VANCOUVER CONVENTION CENTRE

The **PREFERRED**
METHOD of **REGISTRATION**
is
via the **WEB** at
www.transplantation2010.org

A. REGISTRATION INFORMATION - Please fill in BLOCK LETTERS (Complete one Registration Form per Delegate)

ICS use only	

PLEASE NOTE: By completing this Registration Form, you have released your contact information for use by the XXIII International Congress of The Transplantation Society (TTS 2010) and you have read, understood and agree to all cancellation policies and terms and conditions outlined throughout this form, brochures and the website.

Delegate		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (Check One)	
Family Name		
Given Name		
Organization/Association		
Position		
Street Address		
City/Suburb	Province/State	
Country	Postal Code/Zip Code	
Telephone (Country Code, Area Code)		
Fax (Country Code, Area Code)		
Email (Mandatory for Confirmation Letter)		
Preferred Name for Badge		
Member of TTS	<input type="checkbox"/> Yes <input type="checkbox"/> No Membership #	
Member of CST	<input type="checkbox"/> Yes <input type="checkbox"/> No Membership #	
I Will Be Under 35 Years Old in August 2010 for Grant Eligibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate your specialty here (check all that apply): Scientist Physician Surgeon Nurse Allied Health Professional
Researcher Transplant Coordinator Other (please indicate) _____

Please indicate special requirements (e.g. dietary/mobility): _____

A participant list will be included in the Congress Delegate Bag. Please check the box if you **DO NOT** want your name to be included.

Registered Accompanying Person 1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (Check One)
Given Name	
Family Name	

Registered Accompanying Person 2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (Check One)
Given Name	
Family Name	

Registered Accompanying Person 3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (Check One)
Given Name	
Family Name	

Please indicate special requirements for Accompanying Person(s) (e.g. dietary/mobility): _____



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B. FULL CONGRESS REGISTRATION includes: Name Badge, Delegate Bag, Delegate List, All Congress Sessions, On-site Program & Abstracts, Opening Ceremony, Welcome Reception, Congress Dinner (excluding Student/Trainee who has not registered under the Student/Trainee including Congress Dinner registration category), Exhibit Hall Access, Breakfasts, Coffee Breaks & Lunches. Please check the appropriate box.

ACCOMPANYING PERSON(S) REGISTRATION includes: Name Badge, Opening Ceremony, Welcome Reception and Congress Dinner. Please check the appropriate box.

FULL CONGRESS REGISTRATION				
Category	EARLY REGISTRATION (On or Before 15 May 2010)	REGULAR REGISTRATION (On or Before 16 July 2010)	LATE/ONSITE REGISTRATION (After 16 July 2010)	TOTAL
<input type="checkbox"/> Member (TTS or CST)	\$800 CAD	\$1,000 CAD	\$1,200 CAD	\$
<input type="checkbox"/> Non Member	\$1,200 CAD	\$1,400 CAD	\$1,500 CAD	\$
<input type="checkbox"/> Associate Member (Pharmacists, Nurses, Social Workers, Coordinators)	\$475 CAD	\$500 CAD	\$550 CAD	\$
<input type="checkbox"/> Student/Trainee*	\$100 CAD	\$100 CAD	\$175 CAD	\$
<input type="checkbox"/> Student/Trainee including Congress Dinner**	\$200 CAD	\$200 CAD	\$275 CAD	\$
<input type="checkbox"/> Accompanying Person	\$200 CAD	\$200 CAD	\$200 CAD	\$

POST-GRADUATE WEEKEND REGISTRATION includes: All Post-Graduate Weekend Sessions, Program Book and Coffee Breaks.

POST-GRADUATE WEEKEND REGISTRATION				
Category	EARLY REGISTRATION (On or Before 15 May 2010)	REGULAR REGISTRATION (On or Before 16 July 2010)	LATE/ONSITE REGISTRATION (After 16 July 2010)	TOTAL
<input type="checkbox"/> Member (TTS or CST)	\$200 CAD	\$200 CAD	\$250 CAD	\$
<input type="checkbox"/> Non Member	\$250 CAD	\$250 CAD	\$300 CAD	\$
<input type="checkbox"/> Student/Trainee*	\$100 CAD	\$100 CAD	\$150 CAD	\$

*Students/Trainees – MUST state the Institution where they are studying or working _____. As well, Students/Trainees are required to provide a photocopy of their 2009-2010 Student/Trainee ID from the Institution where they are studying/working indicating proof of their Student/Trainee status OR submit an official letter on their Institution's letterhead. Please fax the proof of Student/Trainee status or mail it to the Congress Secretariat. Registration will not be processed without receipt of this documentation.

**The Student/Trainee registration fee is subsidized by the Congress; however, the Congress Dinner is not.

Payment must be received on or before 15 May 2010 to qualify for the Early Registration Fee and on or before 16 July 2010 to qualify for the Regular Registration Fee. Registrations received after 16 July 2010 will be processed at the Late/Onsite Registration Fee. **Registrations will not be processed until payment is received in full.**

REGISTRATION SUBTOTAL \$ _____ CAD

C. SOCIAL PROGRAMS included in FULL Registration and ACCOMPANYING PERSON Registration are: Opening Ceremony, Welcome Reception and Congress Dinner (excluding Student/Trainee who has not registered under the Student/Trainee including Congress Dinner registration category.) For seating & catering purposes, please indicate below if you plan to attend.

For more information on these events, please visit the Congress Website at www.transplantation2010.org

	Delegate	Accompanying Person (if applicable)
Opening Ceremony & Welcome Reception Sunday 15 August (18:00 – 20:30)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congress Dinner (Excluding Students/Trainees who have not registered under the Student/Trainee including Congress Dinner Category) Wednesday 18 August (19:30 – 23:00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3

FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: tts2010-registration@meet-ics.com



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Cultural Evening (Not included with Registration). For more information, please visit the Congress Website www.transplantation2010.org or contact tts2010-tours@meet-ics.com.

Please indicate how many tickets you would like to purchase below.

Bard on the Beach

Tuesday 17 August (19:30 – 23:00)

of tickets _____ @ \$65.00 CAD/ticket = \$ _____ CAD

Night at the Improv!

Tuesday 17 August (19:30 – 23:00)

of tickets _____ @ \$65.00 CAD/ticket = \$ _____ CAD

Museum of Anthropology

Tuesday 17 August (19:30 – 23:00)

of tickets _____ @ \$65.00 CAD/ticket = \$ _____ CAD

SOCIAL PROGRAM SUBTOTAL \$ _____ CAD

D. OPTIONAL TOURS & ACTIVITIES: The following tours are **optional** and **not included** in the Registration Fee for Delegates and Accompanying Persons. All rates are quoted in Canadian dollars on a per person basis and include taxes. For more information, please visit the Congress Website www.transplantation2010.org or contact tts2010-tours@meet-ics.com. Please indicate your requirements:

Photographic Tour of Vancouver

Sunday 15 August (13:00 – 17:00)

of tickets _____ @ \$58.00 CAD/ticket = \$ _____ CAD

Tastes of the Far East: Walking Tour & Lunch in Chinatown

Monday 16 August (10:30 – 14:30)

of tickets _____ @ \$75.00CAD/ticket = \$ _____ CAD

Capilano Suspension Bridge & Treetops Adventure

Monday 16 August (16:00 – 18:30)

of tickets _____ @ \$52.00CAD/ticket = \$ _____ CAD

Wilderness Paddle Adventure & Beach BBQ

Tuesday 17 August (10:30 – 16:30)

of tickets _____ @ \$178.00 CAD/ticket = \$ _____ CAD

Mountains, Bears and Designer Shops - A Day in Whistler

Wednesday 18 August (8:00 – 18:00)

of tickets _____ @ \$160.00 CAD/ticket = \$ _____ CAD

Whale-watching Safari Tour

Thursday 19 August (12:30 – 19:00)

of tickets _____ @ \$165.00 CAD/ticket = \$ _____ CAD

OPTIONAL TOURS & ACTIVITIES SUBTOTAL \$ _____ CAD

Booking & Cancellation Policies: All tours are sold on an optional basis and depend on availability. Tours must be paid in full in order to be registered. We reserve the right to cancel any or all tours at any time. If you wish to cancel a pre-booked optional tour, you must do so in writing, no later than **Friday 23 July 2010** and there will be a \$35 service fee per tour cancelled. No refunds will be issued for cancellations received after **Friday 23 July 2010**.

Registration deadline for all Optional Tours is **Friday 23 July 2010**. After this date, registration will be taken onsite at the Tour Registration Desk based on availability.

E. ACCOMMODATION: The hotel choices can be found on the Congress Website at www.transplantation2010.org. If you have questions regarding accommodation or are requesting an upgraded room, please contact the Congress Secretariat tts2010-registration@meet-ics.com

Room Preference Smoking Non-Smoking Wheelchair Accessible

1st CHOICE _____ King/Queen 2 Double Beds Upgrade

2nd CHOICE _____ King/Queen 2 Double Beds Upgrade

3rd CHOICE _____ King/Queen 2 Double Beds Upgrade

Arrival Day/Date _____ Departure Day/Date _____ # of Nights _____ # of Rooms Required _____

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Special Requirements (allergies etc.) _____

I will be sharing a room with: Accompanying Person(s) Fellow Delegate My Family (Please clearly print names below)

Credit card will be used to guarantee your reservation (for hotel use only) Visa MasterCard American Express
(Hotel may charge one night room and tax to the credit card provided.)

Credit Card Number _____ Expiry Date ____ / ____

Cardholder's Name _____ Cardholder's Signature _____

If you do not have a credit card, you may send a company cheque or bank transfer deposit in the amount of **\$300.00 CAD** per room which is required to secure your hotel reservation. Reservation requests received without a valid credit card number, company cheque or bank transfer deposit will not be processed. Please use the banking information as noted in the payment section below.

If the credit card provided will be used to pay hotel accommodation and does not belong to the Registered Delegate, please contact the Congress Secretariat at tts2010-registration@meet-ics.com. A hotel credit card authorization form will be sent to you for completion and a photocopy of the front and back of the card will be required.

*For hotel cheque or bank transfer deposit only \$ _____ CAD

ACCOMMODATION - CANCELLATION AND RESERVATION CHANGES

Please contact the Congress Secretariat at tts2010-registration@meet-ics.com to make changes to an existing reservation or to cancel your reservation (please do not contact the hotel directly). Cancellations or changes WILL NOT be accepted by phone. All cancellations or changes must be requested in writing by mail, fax or email (preferred).

CANCELLATION POLICY

Cancellations must be made no later than **2 weeks prior to arrival** to avoid a penalty charge of one night room and tax which will be applied to the credit card on file or loss of cheque or bank transfer deposit.

Please Note: Failure to arrive on the scheduled arrival date will result in cancellation of the hotel reservation and a charge equal to one night room and tax or more will be charged to the credit card number given above or loss of cheque or bank transfer deposit. Please confirm the length of your stay with the hotel at check-in time. Should you decide to leave earlier, the hotel may charge an early departure fee or for all nights reserved. **If you have any questions, please email: tts2010-registration@meet-ics.com**

➔ **IF YOU HAVE NOT USED THE TTS 2010 SECRETARIAT TO MAKE YOUR RESERVATION, PLEASE PROVIDE THE NAME OF THE HOTEL WHERE YOU ARE STAYING FOR EMERGENCY CONTACT PURPOSES:** _____ ➔

TOTAL PAYABLE (Please Add Sections B, C, D, E)

TOTAL

Please add
Section B \$ _____
Section C \$ _____
Section D \$ _____
Section E \$ _____

TOTAL \$ _____ CAD

METHOD OF PAYMENT: Payment can be made by credit card, company cheque, bank draft, money order, or bank transfer.

Visa MasterCard American Express

Credit Card Number: _____ Security Code (3 digit number on back of card): _____

Expiry Date: _____ / _____ Cardholder's Name: _____

Cardholder's Signature: _____

Charges on your credit card statement will appear as "International Conference Services Ltd." And will be converted to your currency.

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Note: If the Card Holder's name is different from the registered Delegate's name, you are required to provide a Credit Card Authorization Form completed by the Card Holder together with a copy of the front and back of the Credit Card. Please download the Credit Card Authorization Form from the Congress Website at www.transplantation2010.org

Company Cheque (Personal Cheques not accepted) **Bank Draft/Money Order** **Bank Transfer**

Please ensure that **your name** and the words **“EVENT: “TTS 2010”** appear clearly on any cheques, bank drafts, money orders or bank transfer payments.

Make cheques payable to “International Conference Services c/o TTS 2010.”

Bank Transfers: Beneficiary Name: International Conference Services Ltd/TTS2010
Suite 2101 – 1177 West Hastings Street
Vancouver, BC V6E 2K3 CANADA

Beneficiary Account No: #270247475009
Beneficiary Bank: HSBC Bank of Canada
Swift Code: HKBC CATT
Bank Address: HSBC Canada
885 West Georgia Street
Vancouver, BC V6C 3G1 CANADA

Cheques, bank drafts, money orders and bank transfers will only be accepted in CAD dollars and must be drawn on a Canadian Bank. **All fees include 5% GST. GST #: 85728 6892RT.**

It is the Delegate's responsibility to ensure all bank transfer fees are paid over and above the registration fees owed. Otherwise, Delegates will be asked to pay any outstanding balance at the on-site registration desk.

REGISTRATION - REFUND & CANCELLATION POLICY: Registration cancellations received in writing at the TTS 2010 Congress Secretariat's address by **Friday 25 June 2010** will be accepted and all fees refunded, less a **\$150 CAD** administrative fee (as per committee policy). Cancellations received after **Friday 25 June 2010** will not be accepted or refunded; however, transfer of your registration to another person is acceptable. A completed Registration Form for the new person must be faxed or mailed to the Congress Secretariat prior to the Congress, explaining who is being replaced. **DO NOT USE THE ON-LINE REGISTRATION FORM FOR THIS PROCEDURE.** No refunds will be made for non-attendance at the Congress.

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