



How to Register

Fax

Fax BOTH pages of this registration form to AST Registration at 856-581-9604.

Mail

Mail BOTH pages of this registration form to:
AST Registration • 1120 Route 73 • Suite 200 • Mt. Laurel, NJ 08054

Name: _____

Address: _____

Work **Home**

City: _____

State: _____

Zip: _____

Country: _____

Telephone: () _____

Work

Home

Fax: () _____

Work

Home

Email: _____

Work

Home

Affiliation: _____

Early Bird (Before December 31st, 2018)

Registration Category	Rates
AST Doctoral Member	<input type="checkbox"/> \$340
AST Non-Doctoral Member	<input type="checkbox"/> \$210
AST Trainee Member	<input type="checkbox"/> \$195
Doctoral Non-Member	<input type="checkbox"/> \$895
Non-Doctoral Non-Member	<input type="checkbox"/> \$260
Trainee Non-Member	<input type="checkbox"/> \$335
Industry (Non-Member, Doctoral or Non-Doctoral)	<input type="checkbox"/> \$895
Guest	<input type="checkbox"/> \$95

Rates Starting January 1st, 2019

Registration Category	Rates
AST Doctoral Member	<input type="checkbox"/> \$350
AST Non-Doctoral Member	<input type="checkbox"/> \$220
AST Trainee Member	<input type="checkbox"/> \$205
Doctoral Non-Member	<input type="checkbox"/> \$925
Non-Doctoral Non-Member	<input type="checkbox"/> \$270
Trainee Non-Member	<input type="checkbox"/> \$345
Industry (Non-Member, Doctoral or Non-Doctoral)	<input type="checkbox"/> \$925
Guest	<input type="checkbox"/> \$100

Guest Registration

Adult Guest Registration (ages 14 and up) _____ # of adult guests

Guest 1 Full Name: _____

Guest 2 Full Name: _____



Payment Information

Total Amount Due (regular registration plus guest) = \$ _____

Check

Make checks payable to American Society of Transplantation. Checks must be payable in U.S. funds and drawn from a U.S. bank.

Credit Card Visa MasterCard American Express

Account Number: _____ Expiration Date: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Cancellations/Refunds

To cancel your registration, a written request must be received in the AST office by January 23rd, 2019. Cancellation requests received by this date will be refunded less a \$50 processing fee. Requests will be processed after the meeting. There will be no refunds issued for requests received on or after the above date.

All questions are required.

Name: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

Gender: Male Female

Primary Involvement:

- Administration
- Clinical
- Research
- Both (Clinical & Research)

- MS
- MSN
- NP
- PA
- PharmD
- PhD
- RN
- Other: _____

- Psychiatry/Psychology
- Pulmonology
- QAPI – Quality
- Research
- Social Work
- Transplant Administrator
- Transplant Coordinator
- Transplant Nurse/Coordinator
- VCA
- Other: _____

Affiliation:

- Academic
- Hospital
- Industry
- Military
- NIH/Govt. Agency/VA Hospital
- Organ Procurement Organization
- Private Practice
- Research Foundation
- Other: _____

Specialty of Training:

- Cardiology
- Dietician
- Endocrinology
- Gastroenterology
- GI/Hepatology
- Government/Regulatory/Legal
- Hematology/Oncology
- Hepatology
- Immunology/Histocompatibility
- Industry Partner (e.g. Pharma)
- Infectious Disease
- Laboratory Technologist
- Medicine
- Nephrology
- Nurse
- Nurse Practitioner
- Organ Procurement Personnel
- Other
- Pancreas
- Pathology
- Physician’s Assistant

Degree/Certification/Licensed as:

(check all that apply)

- B.Pharm
- BS
- BSNCC
- RNCCT
- C
- CHS/CHT
- CPTC
- CSW/MSW
- DO
- EdD
- LPN/LVN
- MA
- MBBS (or equivalent)
- MD
- MD, PhD
- DA
- MPH

NPI Number (if applicable)

Number of Years in Transplantation

Given your travel schedule, will you join us for the closing cocktail reception Saturday evening, February 23, from 5-6 PM?

- Yes
- No

Will you be attending the STAR meeting on February 21st 7:30 AM-12:30 PM?

- Yes
- No

Any dietary restrictions?



Concurrent Session Selections

Please select your preference during each of the 3 concurrent session times.

Session 3: Select one of three sessions

Friday, February 22: 7:30 – 10:15 AM

- Personalized Organ Allocation- The Right organ, for the Right recipient, at the Right time
- To Infinity and Beyond: Moving Past the Biopsy in Heart Transplantation
- Who's Monitoring the Monitor in Lung Transplantation Rejection Surveillance?

Session 4: Select one of three sessions

Friday, February 22: 1:00 – 3:00 PM

- With all our drugs why can't we develop evidence-based, individualized immunosuppression
- Customized Immunosuppression: Why Didn't I Think of That?
- Individualizing Immunosuppression: Will We Get There in Lung Transplantation?

Session 7: Select one of two sessions

Saturday, February 23: 9:45 – 11:45 AM

- Back to the Future – Beginning with HLA to personalize care
- Case Studies: Applying Personalized Medicine in the Real World of Thoracic Transplantation

How did you hear about this educational event?

- AST Community of Practice
- AST Member Referral
- AST Website
- CEOT Website
- Colleague
- Email message from AST
- Industry Representative
- American Journal of Transplantation
- Social Media: Facebook
- Social Media: LinkedIn
- Social Media: Twitter
- Other: _____