

# ASHI 36<sup>th</sup> Annual Meeting Registration Form

**\*\*THE DEADLINE FOR ADVANCED REGISTRATION IS AUGUST 27, 2010**

Please type or print clearly

First Name: \_\_\_\_\_ Last (Family) Name: \_\_\_\_\_ Institution/Affiliation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**EARNED DEGREE**

MD  PhD  MA  BS  Other (please specify): \_\_\_\_\_

**POSITION**

Director  Technologist  Supervisor  PI  Other (please specify): \_\_\_\_\_

**PRIMARY EMPHASIS**

Clinical Science  Basic Science  Attending Physician/Surgeon  Other (please specify): \_\_\_\_\_

**SPECIAL NEEDS**

Please check here if you require special attention to fully participate. ASHI fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. Indicate requirement: \_\_\_\_\_

**REGISTRATION FEES**

Membership Identification Number: \_\_\_\_\_  
Registration fees quoted are in U.S. dollars

	<u>Early (by 8/27)</u>	<u>Late (after 8/27)</u>
Member	\$465	\$515
Non-member*	\$600	\$650
Student/Fellows#	\$280	\$330
Emeritus	No charge	
Single Day Member	\$235	\$285
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th		
Single Day Non-Member	\$365	\$410
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th		
Guest **	\$175	\$220

Guest First Name: \_\_\_\_\_

Guest Last (Family) Name: \_\_\_\_\_

\* If you wish to become a member or renew lapsed membership you must complete the membership application in conjunction with registration.

# Students and fellows must send a letter from their supervisor certifying status to Brooke Bilofsky @ bbilofsky@ahint.com.

\*\*Guests may attend the Welcome Reception and Poster Reception only. Guests are not able to access the exhibit hall or scientific programming.

**2011 Membership Dues**

If you would like to prepay your 2011 membership dues, please check the appropriate box below:

- |   |  |
|---|--|
| <input type="checkbox"/> Full Member/Non-Doctoral \$100 | <input type="checkbox"/> Sustaining Full Non-Doctoral \$205      |
| <input type="checkbox"/> International Associate \$40   | <input type="checkbox"/> Technologist \$40                       |
| <input type="checkbox"/> Full Member/Doctoral \$126     | <input type="checkbox"/> Sustaining Institutional Member \$1,155 |
| <input type="checkbox"/> Institutional Member \$630     | <input type="checkbox"/> Student/Fellow \$40                     |
| <input type="checkbox"/> Sustaining Full Doctoral \$230 | <input type="checkbox"/> Emeritus \$53                           |

2011 member dues subtotal \$ \_\_\_\_\_  
(Membership includes *Human Immunology* online version.  
For print version of *Human Immunology*, add \$30)  
**Membership categories are subject to approval.**

**BANQUET**

**Annual Banquet - Wednesday, September 29th from 7:00 pm - 11:00 pm**  
not included in registration fees  
\$60 per person if purchased before August 27 / \$80 per person if purchased after August 27 or on site  
Number of tickets \_\_\_\_\_ at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**TO ASSIST ORGANIZERS, KINDLY INDICATE WHICH EVENTS YOU PLAN TO ATTEND. ON-SITE CHANGES ARE PERMITTED.**

- |   |           |
|---|-----------|
| <input type="checkbox"/> Welcome Reception        | Sunday    |
| <input type="checkbox"/> Workshop 1               | Monday    |
| <input type="checkbox"/> Workshop 2               | Monday    |
| <input type="checkbox"/> Workshop 3               | Monday    |
| <input type="checkbox"/> Exhibit/Poster Reception | Monday    |
| <input type="checkbox"/> Workshop 4               | Tuesday   |
| <input type="checkbox"/> Workshop 5               | Tuesday   |
| <input type="checkbox"/> Directors' Forum         | Tuesday   |
| <input type="checkbox"/> Technologists' Forum     | Tuesday   |
| <input type="checkbox"/> Workshop 6               | Wednesday |
| <input type="checkbox"/> Workshop 7               | Wednesday |

**PAYMENT INFORMATION**

TOTAL DUE: \_\_\_\_\_

Check (*Made payable to ASHI, drawn on U.S. bank in U.S. dollars*)

Wire transfer\* (*Must be in U.S. dollars, including \$25 bank transfer fee*)

**Credit Card**  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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

Cardholder's name: \_\_\_\_\_

(Please Print)

**I am applying for:**

- Full membership (Non-doctoral) \$100
- Institutional membership \$630
- Student/Fellow \$40
- Full membership (Doctoral) \$126
- Technologist \$40
- International Associate \$40



# Membership Application

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

Position Held: \_\_\_\_\_ Department: \_\_\_\_\_

**Mailing**     Home     Work

Address 1: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

Address 2: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

***Note:** Two sponsors who are full members of ASHI are necessary if applying for full membership; one if applying for associate membership. If you cannot find sponsors, submit a statement outlining your involvement in histocompatibility and/or immunogenetics and a copy of your CV, and your application will be reviewed by the Membership Committee.*

1. \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Name of Institution) (Address)

2. \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Name of Institution) (Address)

**FOR FULL OR TECHNOLOGISTS AND INTERNATIONAL MEMBERS ONLY**

Length of experience in histocompatibility and/or immunogenetics/immunobiology: \_\_\_\_\_

Nature of work and responsibility in the field (indicate research and/or clinical).

BE SPECIFIC: \_\_\_\_\_

\_\_\_\_\_

Indicate personal academic data, including degrees, certifying boards, and registries (attach CV if appropriate):

\_\_\_\_\_

\_\_\_\_\_

Other society memberships:

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

Make checks payable to ASHI (U.S. funds drawn on U.S. bank only).

TOTAL DUE: \_\_\_\_\_

Check (Made payable to ASHI, drawn on U.S. bank in U.S. dollars)

Wire transfer\* (Must be in U.S. dollars, including \$25 bank transfer fee)

**Credit Card**     Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

Cardholder's name: (Please Print) \_\_\_\_\_