

Contact Information

Company Name:		
Address:		
City:	State:	Zip:
Country:	Telephone:	Fax:
Email:	Website:	
Description of Products/Services:		

PLEASE CHECK TYPE OF 2019 INDUSTRY COMMUNITY MEMBERSHIP DESIRED:

For guaranteed rate two year pricing options, please contact ISCT Head Office (isct@celltherapysociety.org).

<input type="checkbox"/> Patron	\$10,500	<input type="checkbox"/> Supporter	\$5,400
<input type="checkbox"/> Partner	\$8,000	<input type="checkbox"/> Contributor	\$2,700

Payment Information

<input type="checkbox"/> Check Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Wire Transfer	
Checks should be made payable to: ISCT (in US or CAD funds drawn on a US or CAD bank)	Fed. Tax ID No.: 52-1809771

ISCT is collecting the following data to complete our online members' directory. The purpose of the directory is to offer our members a methodology for contacting their peers and colleagues in the field. Your peers will be able to find you based on the information you provide.

Please complete the sections below, selecting the items that describe your institution, department activities or individual experience and expertise.

NUMBER OF EMPLOYEES IN THE CELL THERAPY DIVISION OF YOUR COMPANY:

<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> 51-200	<input type="checkbox"/> 201+
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CELL AND TISSUE TYPES (INDICATE CELL TYPES APPLICABLE TO YOUR COMPANY)

<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Peripheral Blood Stem Cells	<input type="checkbox"/> Cord Blood
<input type="checkbox"/> Mesenchymal Stem / Stromal Cells	<input type="checkbox"/> Nonhematopoietic Stem Cells	<input type="checkbox"/> Muscle Stem Cells
<input type="checkbox"/> Neural Stem Cells	<input type="checkbox"/> Embryonic Stem Cells	<input type="checkbox"/> Pancreatic Islet Cells
<input type="checkbox"/> Dendritic Cells	<input type="checkbox"/> Effector T Cells	<input type="checkbox"/> Helper T Cells
<input type="checkbox"/> Regulatory T Cells	<input type="checkbox"/> Hepatocytes	<input type="checkbox"/> IPs cells
<input type="checkbox"/> Other:		

CLINICAL APPLICATIONS (INDICATE CLINICAL APPLICATIONS THAT YOUR FACILITY SUPPORTS)

<input type="checkbox"/> Malignancy / Hematopoietic Diseases	<input type="checkbox"/> Primary Immune Deficiencies
<input type="checkbox"/> Autoimmune Diseases	<input type="checkbox"/> Metabolic Disorders
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Limb Ischemia / Wound Healing	<input type="checkbox"/> Neurology
<input type="checkbox"/> Sickle Cell Disease	

Individual Membership Account Details

To ensure set up of the appropriate number of individual membership subaccounts for your company, please fill-in the information below:

- **Patrons** are entitled to **5 Memberships (1 Main Account Holder and 4 Subaccounts)**
- **Partners** are entitled to **3 Individual Memberships (1 Main Account Holder and 2 Subaccounts)**
- **Supporters** are entitled to **2 Individual Memberships (1 Main Account Holder and 1 Subaccount)**
- **Contributors** are entitled to **2 Individual Memberships (1 Main Account Holder and 1 Subaccount)**

Main Account Holder Name:		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Subaccount #1 Name:		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Subaccount #2 Name:		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Subaccount #3 Name:		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Subaccount #4 Name:		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	