

*Industry Community membership runs January to December*

## Contact Information

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

**Please check type of 2014 Industry Community membership desired:**

<input type="checkbox"/> Patron	\$10,000
<input type="checkbox"/> Partner	\$7,500
<input type="checkbox"/> Supporter	\$5,000
<input type="checkbox"/> Member	\$2,500

## Payment Information

<input type="checkbox"/> Check Payment	
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 follow 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+

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	

## Cytotherapy Subscription

To ensure your company receives the appropriate subscriptions to *Cytotherapy* & the *Telegraft*, please fill-in the information below:

- **Patrons** are entitled to **Four** Subscriptions to *Cytotherapy* and the *Telegraft*
- **Partners** are entitled to **Four** Subscriptions to *Cytotherapy* and the *Telegraft*
- **Supporters** are entitled to **Three** Subscriptions to *Cytotherapy* and the *Telegraft*
- **Members** are entitled to **Two** Subscriptions to *Cytotherapy* and the *Telegraft*

<b>Subscriber Name #1:</b>		Job Title:
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Primary Area of Expertise (Please select one only)

Highest level of Education (Please select one only)

<input type="checkbox"/> Regulatory	<input type="checkbox"/> Medical Degree
<input type="checkbox"/> Clinical	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Research	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Industry	<input type="checkbox"/> Other

Please submit your Application Form along with payment to Membership Coordinator, ISCT Head Office

375 West 5th Avenue, Suite 201, Vancouver BC V5Y 1J6 Canada Ph.: 1-604-874-4366 Fax: 1-604-874-4378 Email: isct@celltherapysociety.org

**2014 ISCT Industry Community Membership Application Form**

<b>Subscriber Name #2:</b>		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Primary Area of Expertise (Please select one only)</b>		<b>Highest level of Education (Please select one only)</b>	
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Clinical	<input type="checkbox"/> Medical Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Research	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Industry		<input type="checkbox"/> Other	

<b>Subscriber Name #3:</b>		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Primary Area of Expertise (Please select one only)</b>		<b>Highest level of Education (Please select one only)</b>	
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Clinical	<input type="checkbox"/> Medical Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Research	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Industry		<input type="checkbox"/> Other	

<b>Subscriber Name #4:</b>		Job Title:	
Designation:	Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Primary Area of Expertise (Please select one only)</b>		<b>Highest level of Education (Please select one only)</b>	
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Clinical	<input type="checkbox"/> Medical Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Research	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Industry		<input type="checkbox"/> Other	