

Contact Information

Laboratory/Department:		
Institution:		
Address:		
City:	State:	Zip:
Country:	Telephone:	Fax:

Membership Information

Please check applicable 2010 Membership type:	<input type="checkbox"/> Laboratory One	\$500
	<input type="checkbox"/> Laboratory Two	\$1,000
	<input type="checkbox"/> Laboratory Three	\$1,500

ISCT Membership is based on the calendar year (January 1-December 31)

Payment Information

<input type="checkbox"/> Check Payment		
Checks should be made payable to: ISCT (in US funds drawn on a US bank)		Fed. Tax ID No.: 52-1809771
<input type="checkbox"/> Credit Card Payment		
Card Type: <input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Card No:	Expiry Date:	
Name on Credit Card:		
Signature:		

The signature field above may be used to insert a digital signature, created within Adobe Acrobat. If you do not have a digital signature, or do not wish to create one, you may also print, sign and fax the form to ISCT.

Permissions And Privacy

Do you consent to having your address used for mailings other than ISCT information which are determined to be relevant to your profession? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to having your contact information in the ISCT membership Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either question, please sign here:

Subscription Contact Names

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

- **Laboratory One** Membership is entitled to **One** paper copy of Cytotherapy.
- **Laboratory Two** Membership is entitled to **One** paper copy of Cytotherapy.
- **Laboratory Three** Membership is entitled to **Two** paper copies of Cytotherapy.

Subscriber Name #1:		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"/> Master's Degree
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Industry	<input type="checkbox"/> Other

Subscriber Name #2:		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"/> Master's Degree
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Industry	<input type="checkbox"/> Other

Laboratory Information

ISCT is collecting the follow data to complete our online laboratory 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 laboratory members:			
<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> 16-25	<input type="checkbox"/> 26+

**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.: 604-874-4366 Fax: 604-874-4378 Email: isct@celltherapysociety.org

Institution Type (Select the one **best** description of your laboratory's overall operations)

<input type="checkbox"/> Hospital / Health Care Facility	<input type="checkbox"/> Contract Manufacturer
<input type="checkbox"/> Research Facility	<input type="checkbox"/> Commercial Supplier / Vendor
<input type="checkbox"/> Medical School	<input type="checkbox"/> Testing Laboratory
<input type="checkbox"/> Pharmaceutical / Biotech Company	<input type="checkbox"/> Contract Research Organization
<input type="checkbox"/> Blood Center	<input type="checkbox"/> Donor Center / Collection Facility
<input type="checkbox"/> Cord Blood Bank	<input type="checkbox"/> Tissue Bank
<input type="checkbox"/> Consulting Firm	<input type="checkbox"/> Other:

Technical Activities (Indicate **all** activities performed at your laboratory)

<input type="checkbox"/> Cryopreservation / Thawing	<input type="checkbox"/> Cell Infusion / Transplantation
<input type="checkbox"/> Gene Transduction / Therapy	<input type="checkbox"/> Vector Production
<input type="checkbox"/> Cell Separation (Enrichment/Depletion)	<input type="checkbox"/> Cell Expansion / Activation
<input type="checkbox"/> Flow Cytometry	<input type="checkbox"/> Apheresis
<input type="checkbox"/> Immune Functional Assays	<input type="checkbox"/> CFU Assays
<input type="checkbox"/> Tumor Evaluation/Minimal Residual Disease	<input type="checkbox"/> Other:

Cell and Tissue Types (Indicate **all** cell types at your laboratory)

<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 **all** 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	

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