

## 2010 Registration Form

Teleconference registration includes handouts as a PDF file and lecture slides as a PowerPoint file on CD-ROM. Live teleconference participants can also receive an audio recording of the lecture on CD at an additional cost. Recorded lectures from previous years are also available. Equal ABHI Continuing Education Credits (CEC) are available for organized groups participating live or listening to recorded lectures along with slides.

**1. Please check the manner of your participation for each session you are ordering: Live teleconference (LIVE), Live teleconference plus audio recording (LIVE+), or Recorded lecture (REC).**

		LIVE	LIVE+	REC
April 6, 2010	<b>The Future of Genomics in Transplantation</b> — Philip Halloran, M.D., Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 13, 2010	<b>The Biology of a Plasma Cell</b> — Marilia Cascalho, M.D., Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 27, 2010	<b>An Overview of Cytokines</b> — Carolyn Hurley, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 4, 2010	<b>HIV-1 Evolution in Response to Immune Selection Pressure by CTL: Implications for Vaccine Design</b> — Zabrina Brumme, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 11, 2010	<b>Transplant Rejection: It is More Than the Immune System</b> — Linda Ohler, M.S.N., R.N.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 18, 2010	<b>Concepts in the Prevention and Treatment of Acute Cellular Rejection</b> — Christopher Ensor, Pharm.D., B.C.P.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 8, 2010	<b>Cord Blood Transplantation</b> — Mary Laughlin, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 15, 2010	<b>Criteria for Hematopoietic Stem Cell Donor Selection: Choosing the Best From Among Multiple Mismatched Donors</b> — Marcelo Fernández-Viña, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 22, 2010	<b>Paired Kidney Exchanges: Variations on a Theme</b> — J. Keith Melancon, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 20, 2010	<b>Novel Approaches to Managing DSA</b> — Hal Gibson, B.S., C.H.T.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 27, 2010	<b>Islet Cell Transplant</b> — J. Keith Melancon, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 10, 2010	<b>Update on UNOS/OPTN Policies and Initiatives</b> — Michael Cecka, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 31, 2010	<b>Troubleshooting Interference in Solid Phase Antibody Assays</b> — Annette Jackson, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 14, 2010	<b>Emerging Infectious Diseases and the Transplant Patient</b> — Robin Avery, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 21, 2010	<b>The Clinical Significance of Antibody Isotype and Subtype in Transplantation</b> — Alin Gimita, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 5, 2010	<b>Pharmacotherapy for the Prevention and Treatment of Antibody Mediated Rejection in the Highly Sensitized Candidate</b> — Christopher Ensor, Pharm.D., B.C.P.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 19, 2010	<b>Transfusion Related Acute Lung Injury (TRALI)</b> — Karen Nelson, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November 23, 2010	<b>Understanding Haplotype Frequency Tables and How to Use Them to Facilitate a Donor Search</b> — Sandra Rosen-Bronson, Ph.D. and NMDP (speaker TBD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November 30, 2010	<b>The Sensitized Patient: Stopping Antibody at its Source</b> — Mark Stegall, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
December 7, 2010	<b>Significance of <i>de novo</i> Donor Specific Antibody Post-Kidney Transplant</b> — Peter Nickerson, M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Order Summary**

___ (#) LIVE teleconferences (up to 7) x \$270 each	= \$ _____
___ (#) LIVE teleconferences (8 to 14) x \$250 each	= \$ _____
___ (#) LIVE teleconferences (15 to 19) x \$235 each	= \$ _____
___ (#) LIVE teleconferences (20) x \$225 each	= \$ _____
___ (#) LIVE teleconferences + audio recording (up to 7) x \$305 each	= \$ _____
___ (#) LIVE teleconferences + audio recording (8 to 14) x \$285 each	= \$ _____
___ (#) LIVE teleconferences + audio recording (15 to 19) x \$270 each	= \$ _____
___ (#) LIVE teleconferences + audio recording (20) x \$250 each	= \$ _____
___ (#) RECORDED teleconferences + slides (up to 7) x \$250 each	= \$ _____
___ (#) RECORDED teleconferences + slides (8 to 14) x \$230 each	= \$ _____
___ (#) RECORDED teleconferences + slides (15 to 19) x \$220 each	= \$ _____
___ (#) RECORDED teleconferences (20) x \$210 each	= \$ _____
___ (#) Additional audio recordings x \$55 each	= \$ _____

**Total Order:** \$ \_\_\_\_\_  
 All orders must be paid in U.S. dollars

**3. Payment Method:**

- Check enclosed** (Payable to Georgetown University)
- Visa**       **MasterCard**

CC# \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Send payment and registration form to:

U.S. Mail:

Sandra Rosen-Bronson  
 Box 571438  
 Georgetown University  
 3900 Reservoir Road NW  
 Washington, DC 20057-1438

Overnight Courier:

Sandra Rosen-Bronson  
 Preclinical Science Bldg, Room LE8H  
 Georgetown University  
 3900 Reservoir Road NW  
 Washington, DC 20007

To ensure your registration and our receipt of payment, it is important to use our **complete and exact address as listed above** on the envelope and to **fax a copy of your registration form to (202) 687-1244.\***

**4. Please type or print clearly the following information (all fields are required):**

Organization: \_\_\_\_\_

Site Contact: \_\_\_\_\_

Address (No PO Boxes): \_\_\_\_\_

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

Email address : \_\_\_\_\_

*\*Before sending your registration form, please be sure that you have completed all parts of Sections 1 through 4.*