



45TH ANNUAL SCIENTIFIC MEETING

INTERNATIONAL SOCIETY FOR
EXPERIMENTAL HEMATOLOGY

25-28 AUGUST 2016
WESTIN SAN DIEGO GASLAMP QUARTER
SAN DIEGO, CALIFORNIA, USA

HOW TO REGISTER: Mail FORM & CHECK to 330 N. Wabash ave, Suite 2000 Chicago, IL. Make CHECK payable to ISEH.

Fax: +1 (312) 673-6923 Email: info@iseh.org Website: www.iseh.org

For registration questions please contact ISEH at info@iseh.org

Registration Contact Information:

First Name _____

Last Name _____

Professional Title _____

Organization _____

Address line 1 _____

Address line 2 _____

City _____

State/Province _____

Country _____

Postal Code _____

Phone _____

Email _____

Alternate Email _____

Registration:

Types	Early Registration (through 15 June)	Registration
Active Member	☐ \$750	☐ \$900
Non Member	☐ \$995	☐ \$1190
Join ISEH & Register	☐ \$940	☐ \$1090
Associate Member (Student)	☐ \$350	☐ \$400
Student Non Member	☐ \$550	☐ \$600
One Day	☐ \$375	☐ \$375

Fees include - welcome reception, coffee breaks, and beer and wine during poster sessions

Other Prices:

- | | |
|--|---|
| ☐ Guest Pass \$350
Includes Welcome Reception and access to exhibit area | ☐ New Investigator Meet the Expert Mixer \$30
Network with senior PIs and other new investigators over drinks and light snacks. |
| ☐ Social Event Registration \$85
Join ISEH for an evening of networking and entertainment at the Kyoto International Conference Center. Buffet dinner and drinks provided. | ☐ Pre-Conference Workshop \$50
Join the Scientific Program Committee for this informal, one day event on Thursday, August 25th |
| ☐ Meeting T-Shirt \$15
Pre-order the winning shirt from the 1st annual t-shirt design contest! | ☐ New Investigator Career Session Free |

Demographic Information:

- ☐ Administration
- ☐ Allied Health Professional
- ☐ Basic Researcher
- ☐ Clinical Practitioner
- ☐ Clinic Researcher
- ☐ Industry/Corp. Representative
- ☐ Retired
- ☐ Student/Fellow
- ☐ Teacher/Educator
- ☐ Other

Professional Area(s) of Interest

- ☐ Antigen presenting cells
- ☐ Apoptosis
- ☐ Blood & Marrow Failure
- ☐ Cell Cycle Regulation
- ☐ Cytokines & Growth Factors
- ☐ Erythropoiesis
- ☐ Gene Therapy
- ☐ Granulopoiesis
- ☐ Hematopoiesis
- ☐ Immunology
- ☐ Immunotherapy
- ☐ Leukemia-Myeloid
- ☐ Leukemia-Lymphoid
- ☐ Lymphocyte Function
- ☐ Lymphoma
- ☐ Lymphop. & Lymphoc. Development
- ☐ Megakaryocytopoiesis
- ☐ Myeloma
- ☐ Oncogenes & Tumor Suppressor
- ☐ Progenitor Cells
- ☐ Red Blood Cell Disorders
- ☐ Signal Transduction
- ☐ Stem Cell Biology
- ☐ Stem Cell Transplantation
- ☐ Stromal Cells

Cancellation Policy: All cancellations must be sent to ISEH in writing (fax, letter or email). For cancellations received before 15 June 2016 deposits will be refunded less \$75 for administrative costs. After this date, no refund will be possible. A handling fee of \$30 per registration will be charged for every registration modification received after 15 June 2016

