

Contact Information

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

PLEASE CHECK TYPE OF 2021 INDUSTRY COMMUNITY MEMBERSHIP DESIRED:

<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

US/Canada: <input type="checkbox"/> Check Payment <input type="checkbox"/> ACH <i>Checks should be made payable to: ISCT (in USD)</i>	International: <input type="checkbox"/> Wire Transfer
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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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INSTITUTION TYPE:

<input type="checkbox"/> Academic Hospital/ Institution	<input type="checkbox"/> Biotech (Therapeutic Developer)	<input type="checkbox"/> CDMO
<input type="checkbox"/> CMO	<input type="checkbox"/> Consultancy	<input type="checkbox"/> Cord Blood/ Stem Cell/ Blood Bank
<input type="checkbox"/> CRO	<input type="checkbox"/> Government	<input type="checkbox"/> Not For Profit
<input type="checkbox"/> Pharma	<input type="checkbox"/> Supplier	<input type="checkbox"/> Testing Laboratory
<input type="checkbox"/> Venture Capital	<input type="checkbox"/> Other Institution Type:	

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"/> iP cells
<input type="checkbox"/> CAR-NK Cells	<input type="checkbox"/> CAR-T Cells	<input type="checkbox"/> Extracellular Vesicles
<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
<input type="checkbox"/> Graft versus Host Disease	<input type="checkbox"/> Hematopoietic Stem Cell Transplant	<input type="checkbox"/> Musculoskeletal Conditions
<input type="checkbox"/> Pulmonology		

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:	

Subaccount #1 Name:		Job Title:
Designation:	Email:	

Subaccount #2 Name:		Job Title:
Designation:	Email:	

Subaccount #3 Name:		Job Title:
Designation:	Email:	

Subaccount #4 Name:		Job Title:
Designation:	Email:	

Membership Pledge

I hereby confirm that our company has read the following documents:

- [The ISCT White Paper entitled “Cell therapy medical tourism: Time for action” \(published in the Society’s official journal Cytotherapy. Cytotherapy, 2010; 12: 956-968\);](#)
- [The Patient Advisory for Stem Cell Therapy and Medical Tourism;](#)
- [The ISCT reference paper entitled, “On Unproven Cellular Therapies 2015: Talking About Unproven Cell-Based Interventions” \(published in the Society’s official journal Cytotherapy. Cytotherapy, 2016; 18: 113-148\)](#)

I further confirm that we will conduct cell therapy practice and promotion in accordance with ISCT’s position on Cell Therapy Medical Tourism and Patient Safety as outlined in these documents, and will not engage in any practice or promotion of cellular-based therapy that is unproven or inconsistent with such a position or that is otherwise unethical. I understand and acknowledge that breach of this pledge is grounds for removal of membership.

Yes **Name:** _____ **Signature:** _____ **Date:** _____
Job Title: _____