

**CIS 2023 Annual Meeting:**

Immune Deficiency and Dysregulation North American Conference

May 18-21, 2023 | Marriott St. Louis Grand | St. Louis, Missouri



**STEP 1: CONTACT INFORMATION**

Name: \_\_\_\_\_ Designation (MD, PhD, DO, RN, etc): \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this your first time attending the CIS Annual Meeting? Yes No

**STEP 2: SPECIALTY**

(check primary specialty only)

- Allergy/Asthma/Pulmonary
- Autoimmunity
- Cardiovascular
- Cytokines
- Dermatology
- Diagnostic/Laboratory Immunology
- Endocrinology
- Gastroenterology
- Hematology
- HIV/Infectious Diseases
- Histocompatibility
- Immunodeficiency
- Immunogenetics
- Immunotherapy
- MS/Neuroimmunology
- Mucosal Immunology
- Pathology
- Ophthalmology
- Reproductive Immunology
- Rheumatology
- Transplantation
- Tumor Immunology
- Other: \_\_\_\_\_

**STEP 3: REGISTRATION FEES**

I will be attending: Virtually In Person

**101 SESSIONS**

**Genetics & Genomics** Friday, May 19, 7:00am – 8:00am \$15

**Functional Testing**, Saturday, May 20, 7:00am – 8:00am \$15

**PRE-CONFERENCE EDUCATION DAY**

	Through February 17	February 18 - April 20
Pre-Conference Only	\$250	\$300
Pre-Conference Discount w/Annual Meeting	\$200	\$250

**ANNUAL MEETING – VIRTUAL OR IN-PERSON ATTENDEE**

	Through February 17	February 18 - April 20
Regular Member	\$450	\$550
Trainee Member	\$100	\$100
Associate/Allied Health Member	\$200	\$250
Non-Member	\$800	\$900
Non-Member: Trainee	\$150	\$150
Non-Member: Allied Health	\$500	\$550
Developing Country (Member or Non-Member)	\$200	\$250
One Day Registration	\$250	\$300
Industry/Exhibitor-Delegate	\$800	\$900

**COMPLIMENTARY SESSIONS**

**I plan to attend the complimentary Diversity & Inclusion Committee Reception on Friday, May 19 (OPEN TO ALL)**

**I plan to attend the complimentary Closing Reception on Saturday, May 20 (OPEN TO ALL)**

**IN-PERSON ATTENDEES ONLY**

The CIS Executive Committee has decided to require vaccination for COVID-19 for ALL in-person attendees. “Fully vaccinated” means it has been two weeks since receiving 1) both doses of either the Pfizer or Moderna vaccine, 2) the single dose of the Johnson & Johnson vaccine, or 3) the required dosages of any WHO approved vaccine. Negative tests will not be acceptable for in-person attendance. Please confirm below that you are fully vaccinated.

I attest that I am fully vaccinated for COVID-19



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### STEP 4: CIS FOUNDATION SUPPORT (OPTIONAL)

#### FOUNDATION HAPPY HOUR FUNDRAISER

Join the CIS Foundation for our inaugural **Raise Your Glass Fundraiser** on Thursday, May 18! Take the opportunity to connect with your colleagues after the first day of the Annual Meeting over light fare and drinks — all to benefit the CIS Foundation!

Buy your ticket today! Surprise a colleague with the gift of a ticket or consider sponsoring a few fellows to attend by buying a few extra tickets. The more the merrier! Tickets are \$50 and all proceeds go to the CIS Foundation.

#### FOUNDATION RIBBON

Show your support at the Annual Meeting with your purchase of a CIS Foundation “Immune Booster” Ribbon to wear on your badge! Each ribbon is \$25 and will help the Foundation’s mission to develop the immunologists of tomorrow.

#### FOUNDATION DONATION

Want to provide general support to the CIS Foundation? Consider donating directly to the CIS Foundation to help fund our ongoing mission! If you would like to make a donation on a separate credit card, please contact the CIS office at [info@clinimmsoc.org](mailto:info@clinimmsoc.org).

#### FOUNDATION PURCHASES:

Happy Hour: \_\_\_\_\_ Ticket(s) x \$50 = \_\_\_\_\_

Foundation Ribbon: \$25

Foundation Donation: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

### STEP 5: PAYMENT INFORMATION

Registration Total: \$ \_\_\_\_\_ Foundation Total: \$ \_\_\_\_\_

Total Amount Enclosed/Authorized to Charge: \$ \_\_\_\_\_

Make check payable to CIS (US funds drawn on a US bank only) or provide credit card information. Please do not send cash.

Check Enclosed    VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Card Holder (please print): \_\_\_\_\_

### STEP 6: PRIVACY POLICY

CIS takes your privacy seriously and will only use your personal information to administer your registration and attendance at the above-referenced meeting, to provide services that you have requested from CIS and otherwise as you may expressly consent. A complete copy of CIS’ Privacy and Data Protection Policy, the terms of which are incorporated herein, can be found at [https://clinimmsoc.org/CIS/Legal\\_Notices.htm](https://clinimmsoc.org/CIS/Legal_Notices.htm)

CIS will only use the information collected during the registration to administer and facilitate your attendance at the meeting. This includes sharing your Information with exhibitors at the meeting (no email addresses are provided) and with others providing goods and services for the meeting, including personnel at the hotel in which the meeting will be held.

CIS will be utilizing a photographer to take photographs during the Annual Meeting. These images will be utilized by CIS in educational, news or promotional material, in print, electronic or other media, including CIS and/or the meeting website. If you wish to not have your photograph taken please inform the on-site photographer.

If you agree to have your information used in the manner described above please select “I Agree” below. If you would not like to have your information shared in the manner described above please select “I Disagree” below.

I Agree    I Disagree

You can revoke your consent above by contacting CIS anytime at [info@clinimmsoc.org](mailto:info@clinimmsoc.org).

#### CANCELLATION POLICY

Refunds or registration cancellation requests must be made in writing to CIS by April 20, 2023. A \$25.00 processing fee will be charged for all refunds. No refunds will be granted after the April 20, 2023 deadline. Request for cancellation should be sent to [info@clinimmsoc.org](mailto:info@clinimmsoc.org).

Send completed form to: **Clinical Immunology Society**

- Attn: Meeting Registration • 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202
- Phone: +1.414.224.8095 • Fax: +1.414.272.6070 • Email: [info@clinimmsoc.org](mailto:info@clinimmsoc.org)