

CLINICAL LABORATORY COLLABORATIVE: MAY 24 –26, 2010 REGISTRATION FORM

Registrant Information

FIRST Name		LAST Name			
Street Address		Apt. #	City	State	Zip
HOME Phone	WORK Phone		FAX Number		
E-mail Address		Institution Affiliation			

MEMBERSHIP (Must be current and will be verified)

- | | |
|---|---|
| <input type="checkbox"/> AACC # _____
<input type="checkbox"/> ASCLS # _____
<input type="checkbox"/> AGT # _____
<input type="checkbox"/> AMT# _____
<input type="checkbox"/> ASCP Member # _____
<input type="checkbox"/> CLMA-MN # _____
<input type="checkbox"/> MIMA (No Number)
<input type="checkbox"/> MnABB (No number) | <input type="checkbox"/> NONMEMBER (Use nonmember rates)
<input type="checkbox"/> STUDENT (Use student rates)
<input type="checkbox"/> COMMITTEE MEMBER (No Registration Fee)
<input type="checkbox"/> VOLUNTEER (No Reg. Fee, Day of Volunteer Activity Only)
<input type="checkbox"/> SPEAKER (No Registration Fee, Day of Presentation Only) |
|---|---|

Registration Fees (Circle appropriate boxes)

Received by May 7

After May 7

Enter Fee Amount

		Received by May 7			After May 7			Enter Fee Amount
		Member	Nonmember	Student	Member	Nonmember	Student	
Monday	Full Day (Includes Lunch)	\$80	\$110	\$20	\$95	\$125	\$25	
	Half Day (No Lunch)	\$50	\$75	\$20	\$65	\$90	\$25	
Tuesday	Full Day (Includes Lunch)	\$80	\$110	\$20	\$95	\$125	\$25	
	Half Day (No Lunch)	\$50	\$75	\$20	\$65	\$90	\$25	
Wednesday	Full Day (Includes Lunch)	\$80	\$110	\$20	\$95	\$125	\$25	
	Half Day (No Lunch)	\$50	\$75	\$20	\$65	\$90	\$25	
Exhibit Pass Only							\$15	
Lunch Ticket Only							\$25	
Tuesday Evening: Gourmet Dinner and Tour at the Minnesota History Center							\$20	
Bus to the Minnesota History Center							FREE	
TOTAL AMOUNT								

Please Indicate Special Meal Requirements or Special Needs: _____

- I plan to attend the following business meals(s):
- Monday:** ASCP Lunch AACC Lunch
- Tuesday:** Educators Breakfast AMT Lunch
- CLMA Lunch with Hot Topics
- Need not be a member to attend!**

NO HANDOUTS WILL BE PROVIDED AT THE MEETING

Handouts of presentations will be available on-line at (ASCLSMN.ORG) beginning **May 10th**

To assist in room scheduling, please circle the **Breakout sessions** you will most likely attend: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

LF-1 LF-2 LF-3 LF-4

**** Subject for CLMA HOT TOPICS Discussion:** _____

Registration Method:

1. **On-Line**..... www.asclsmn.org (After April 5th)
2. **Paper Form**..... **CHECKS PAYABLE TO: ASCLS-MN**
(Do not mail after May 17) **MAIL TO: Tom Massmann**
1911 Bielenberg Drive
Woodbury, MN 55125
3. **Fax**..... **ATTENTION TO:**
From May 17 - May 21, **Tom Massmann**
(Bring check to conference) **612-262-5965**
DO NOT FAX AFTER MAY 21st

OFFICE USE ONLY	
Date Received	_____
Amount Received	_____
Amount Due	_____
Refund	_____