

ASSOCIATION OF CLINICAL SCIENTISTS
Registration Form for the Association's Annual Meeting
in Los Angeles, California, on 14 to 18 May 2008

Last Name	First Name	Initial	Degree
Institution	Street Address		
City	State	Zip	
Telephone #	Fax #	e-mail address	
		No. of	Charge
		persons	(\$)

Meeting Registration (\$395 Regular; \$295 Junior or Emeritus)
(includes one ticket to the Reception and Banquet)

Thursday Lunch - Clinical Molecular Biology and Genetics (\$22)

Friday Afternoon - Special Bus Tour to LA County Museum of Art (\$30)

Friday Evening - Guest Tickets for Reception and Banquet (\$75)

Saturday Lunch - Clinical Science in Practice (\$22)

Saturday Evening - Musicales & Art Show, with wine and cheese (gratis)

TOTAL PAYMENT ENCLOSED:

Please send this form with a check, payable to Association of Clinical Scientists, to F William Sunderman Jr MD, PO Box 1287, Middlebury, VT 05753. Alternatively, you may charge American Express, Visa, or MasterCard (circle which one). Please give your credit card number and expiration date, and sign below. If you pay by credit card, you may send this form by fax to 802 462 2673. Cancellation with full refund will be accepted until 10 April 2008.

Card No.: _____ Expiration (mo, year): _____

Signed: _____ Date: _____