

ASSOCIATION OF CLINICAL SCIENTISTS

Registration Form for the Annual Meeting in San Antonio, Texas, on 12 to 16 May 2010

Last Name	First Name	Initial	Degree
Institution		Street Address	
City	State	Zip	
Telephone #	Fax #	e-mail address	

	No. of persons	Charge (\$)
Meeting Registration (\$395 Regular; \$295 Junior or Emeritus) (includes one ticket to the Reception and Banquet)	_____	_____
Thursday Lunch - Section on Hematology and Transfusion Medicine (\$30)	_____	_____
Friday Afternoon - Special Bus Tour of San Antonio Attractions (\$30)	_____	_____
Friday Evening - Additional Ticket for Reception and Banquet (\$85)	_____	_____
Saturday Lunch - Section on Clinical Science in Practice (\$30)	_____	_____
Saturday Evening - Musicale & Art Show, with wine and cheese reception	_____	<u>gratis</u>
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 802 458 3278. Cancellation with full refund will be accepted until 10 April 2010.

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

Signed: _____ Date: _____