

# Association of Clinical Scientists

## Registration for 137<sup>th</sup> Meeting, Birmingham, AL, May 17-20, 2017

### Attendee Information

Last Name	First Name	Initial	Degree(s)
Institution		Street Address	
City	State	Mail Code	Country
Telephone #	Fax #	Email Address	

	Unit Price	Number of Persons	Amount Charged
<b>Regular Full Meeting Registration</b> For all Fellows of the Association and non-members attending the full meeting; includes one banquet ticket and continuing education credits, if desired	\$535	_____	_____
<b>Meeting Registration, Emeritus, Assoc. Fellows &amp; Trainees</b> For all Emeritus or Associate Fellows of the Association and all trainees, residents, and fellows attending the full Meeting; includes one banquet ticket and CE credits, if desired	\$275	_____	_____
<b>Meeting Registration, Medical Techs &amp; Undergrad Students</b> For medical technologists and undergraduate students; includes meeting breaks and continuing education credits if desired	\$150	_____	_____
<b>Meeting Registration, Complimentary</b> For all speakers <b>only</b> attending the meeting for the day of their lecture; excludes CE, banquet & luncheon tickets	\$ 0	_____	_____
<b>Single Day Registration</b> For either Thursday or Saturday; includes luncheon and continuing education credits if desired	\$125	_____	_____
<b>Single Day Registration, Medical Techs &amp; Undergrad Students</b> For either Thursday or Saturday; includes meeting breaks and continuing education credits if desired	\$75	_____	_____
<b>Luncheon Seminar, Thursday, May 18</b> For all attendees with Regular Registration	\$40	_____	_____
<b>Luncheon Seminar, Thursday, May 18</b> For Associate Fellows, Emeritus Fellows and trainees only	\$20	_____	_____
<b>Friday Afternoon Tour, May 19, as described in program</b> <b>Complimentary</b> for all attendees with Regular Registration, all Emeritus Fellows, spouses and family members, Associate Fellows, trainees, and their spouses <b>.(Please indicate your attendance. Seats are limited and available only on a first come basis)</b>	\$ 0	_____	_____

<b>Extra Banquet Tickets, Friday, May 19</b>	\$95	_____	_____
<b>Luncheon Seminar, Saturday, May 20</b> For all attendees with Regular Registration	\$40	_____	_____
<b>Luncheon Seminar, Saturday, May 20</b> For Associate Fellows, Emeritus Fellows, and trainees only	\$ 20	_____	_____
<b>Musicale, with Wine &amp; Cheese Intermission</b> Complimentary for all attendees, please indicate attendance for headcount estimation	\$ 0	_____	_____
<b>TOTAL PAYMENT ENCLOSED</b>			_____

Payment Options: (Cancellation with full refund will be accepted until April 7, 2017)

1. Register securely on-line at <http://www.clinicalscience.org/annualmeeting.html#Registration>
2. Mail this form with a check, payable to Association of Clinical Scientists, or with credit card information, to Association of Clinical Scientists, 6431 Fannin Street, MSB2.292, Houston, TX 77030
3. To charge using American Express, Visa, or MasterCard, call the ACS office at (713) 500-5381, Mon-Fri, 8:00am-5:00pm Central Time. You may also fax this form with your credit card information to our secure Fax at (713) 500-0732.

Credit card type (circle one): Visa    MasterCard    American Express

Card number \_\_\_\_\_

Security code (CVV) \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on the card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State (Province) \_\_\_\_\_

Country \_\_\_\_\_ Postal (Zip) Code \_\_\_\_\_

Signature \_\_\_\_\_

