

ASSOCIATION OF CLINICAL SCIENTISTS

Registration Form for the Annual Meeting in Boston, MA, May 22-25, 2013

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

	No. of Persons	Charge (\$)
Meeting Registration (\$535 Full Registration, Members or Non-Members) (includes one ticket to the Reception and Banquet)	_____	_____
Meeting Registration (\$275, Full Registration, Emeritus, residents, fellows, trainees) (includes one ticket to the Reception and Banquet)	_____	_____
Complimentary One day Registration for Speakers (excludes banquet and CME)	_____	gratis
Thursday Lunch – Sponsor: Section on Cell & Tissue Pathology (\$40)	_____	_____
Friday Afternoon - Special Excursion to Boston waterfront and the Museum of Fine Arts (includes box lunch) (\$50)	_____	_____
Friday Evening - Additional Guest Ticket for Reception and Banquet (\$95)	_____	_____
Saturday Lunch - Sponsor: Section on Clinical Science in Practice (\$40)	_____	_____
Saturday Evening - Musicale & Art Show, with wine and cheese reception (gratis)	_____	gratis
TOTAL PAYMENT ENCLOSED:	_____	_____

Payment options: (Cancellation with full refund will be accepted until 22 April 2013.)

1. Mail this form with a check, payable to Association of Clinical Scientists, 6431 Fannin Street, MSB2.292 Houston, TX 77030
2. Charge American Express, Visa, or MasterCard (circle which one and complete the blank lines) and fax this form to (713) 344 1144 or (713) 500-0732.
3. Register on-line (available after January 15, 2013) on the Association website at www.clinicalscience.org.

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

Card number _____ Security code (CVV) _____ Expiration date _____
Name on the card _____
Address _____
City _____ State (Province) _____
Country _____ Postal (Zip) code _____
Signature _____