

# 2008 CLINICAL LABORATORY COLLABORATIVE: MAY 14 – 16, 2008 REGISTRATION FORM

## Registrant Information

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

### MEMBERSHIP (Must be current and will be verified)

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

### Registration Fees (Circle appropriate boxes)

#### Received by April 29

#### After April 29

Enter Fee Amount

		Received by April 29			After April 29			Enter Fee Amount
		Member	Nonmember	Student	Member	Nonmember	Student	
Wednesday	Full Day (Includes Lunch)	\$80	\$110	\$20	\$95	\$125	\$25	
	Half Day (No Lunch)	\$50	\$75	\$20	\$65	\$90	\$25	
Thursday	Full Day (Includes Lunch)	\$80	\$110	\$20	\$95	\$125	\$25	
	Half Day (No Lunch)	\$50	\$75	\$20	\$65	\$90	\$25	
Friday	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

Wednesday Evening TWINS GAME

RIDE BUS (Circle One): YES / NO  
(NO CHARGE)

\$33

**TOTAL AMOUNT**

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Please Indicate Special Meal Requirements or Special Needs: \_\_\_\_\_

I plan to attend the following business luncheon(s):  
Need not be a member to attend!

Wednesday  
Thursday  
Friday

- |   |  |
|---|--|
| <input type="checkbox"/> CMLA           | <input type="checkbox"/> ASCP          |
| <input type="checkbox"/> ASCLS-MN       | <input type="checkbox"/> AMT Breakfast |
| <input type="checkbox"/> AACC Breakfast |  |

## NO HANDOUTS WILL BE PROVIDED AT THE MEETING

Handouts of presentations will be available on-line at (ASCLSMN.ORG) beginning May 1<sup>st</sup>

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 16 17 18 19 20 21 22 23 24 25 26  
 27 28 29 30 31 32 33 34a 34b 35 36 37 38 39 40 41 42 43 **ST-1 ST-2 ST-3 ST-4 ST-5**

\*\* Subject for HOT TOPICS (# 11) Discussion: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

**ASCLS-MN**

**MAIL TO:**

**Julie Mumm  
2466 Holton St.  
Roseville, MN 55113**

(Do not mail after May 7)

**OR**

**From MAY 7-12, FAX TO:**

**Tom Massmann  
612-262-4223**

(Bring check to conference)

**DO NOT FAX AFTER MAY 12<sup>th</sup>**

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