

2019 ASCLS-CNE ANNUAL CONVENTION REGISTRATION FORM

Last name: _____ First name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone#: (h) _____ (w) _____

Institutional (workplace) affiliation: _____ email: _____

****YOU MUST INCLUDE MEMBERSHIP # TO BE ELIGIBLE FOR MEMBER RATES****

American Society for Clinical Laboratory Science (ASCLS) Membership #: _____

(Please circle if member; rosters will be checked)

Member: ___ NEB ASM ___ RISH



ASCLS-CNE REGISTRATION	<i>Member: ASCLS, RISH NEB ASM</i>	Non- Member	Student Member	Student Non- member	FEES
<u>Tuesday May 7, 2019</u>					
Day Session (Luncheon Excluded)	\$60	\$95	\$25	\$30	
Luncheon Session (1 hr or .1 CEU)	\$25	\$25	\$25	\$25	
<u>Wednesday May 8, 2019</u>					
Day Session (Luncheon Excluded)	\$60	\$95	\$25	\$30	
Luncheon Session (1 hr or .1 CEU)	\$25	\$25	\$25	\$25	
<u>Thursday May 9, 2019</u>					
Day Session (Luncheon Excluded)	\$60	\$95	\$25	\$30	
Luncheon Session (1 hr or .1 CEU)	\$25	\$25	\$25	\$25	
2-Day Registration (does not include workshops) Please indicate days	\$110	\$170	\$40	\$50	
3-Day Registration (does not include workshops)	\$160	\$250	\$60	\$75	
3-Day lunch	\$75	\$75	\$75	\$75	
				TOTAL:	

Payment Information (CHECK ONE)

Check or Money Order in the amount of \$ _____ (Make checks payable to: ASCLS-CNE)

Credit card: **PLEASE PAY WITH CREDIT CARD UPON ARRIVAL**

Mail this completed registration form with appropriate payment (postmarked by May 4, 2019) to:

**Maddie Josephs
43 Bourne Avenue
Rumford, RI 02916**