

2017 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: _____ CLMA _____ RICA _____ NEB ASM _____ RISH

ASCLS-CNE REGISTRATION	<i>Member:</i> ASCLS, CLMA,RISH,RICA NEB ASM	Non- Member	Student Member	Student Non- member	FEES
<u>Tuesday May 9, 2017</u>					
Day Session (Luncheon Excluded)	\$60	\$95	\$25	\$30	
Luncheon Session (1 hr or .1 CEU)	\$25	\$25	\$25	\$25	
Keynote Speaker Only (parking not included)	\$25	\$25	\$25	\$25	
<u>Wednesday May 10, 2017</u>					
Day Session (Luncheon Excluded)	\$60	\$95	\$25	\$30	
Luncheon Session (1 hr or .1 CEU)	\$25	\$25	\$25	\$25	
Workshop #1– Hematology-Leukemia/Lymphoma	\$75	\$125	\$50	\$60	
Workshop #2– Molecular Diagnostics	\$75	\$125	\$50	\$60	
<u>Thursday May 11, 2017</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: VISA
 MasterCard
 American Express

Credit card number: _____ Expiration date: _____

Cardholder Name: _____

Cardholder Signature: _____

Mail this completed registration form with appropriate payment (postmarked by May 4, 2017)

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