

INDIVIDUAL REGISTRATION FORM

NSCLS / CLMA / ASCP SPRING MEETING

APRIL 7-9, 2010

La Vista Conference Center

La Vista, NE

Use a separate form for each registrant. Make photocopies as needed.
Registration forms may be printed from NSCLS website at www.nscls.net

NAME _____ PHONE _____
 ADDRESS _____ Home Work
 CITY _____ STATE _____ ZIPCODE _____
 E-MAIL ADDRESS _____
 EMPLOYER _____ WORK PHONE _____

- ASCLS / CLMA Member* ASCLS 1st Yr. Professional Non-Member**
 Student ASCLS Member* CLS/CLT Student Non-Member

*ASCLS / CLMA / ASCP Member# _____

**To Join—See www.ASCLS.org or www.CLMA.org or www.ASCP.org or contact State Leadership

General Registration Options: Please check option(s) desired

Speaker <input type="checkbox"/> \$0		ASCLS	ASCLS	ASCLS	CLS / CLT	
	ASCLS/CLMA	1 st Year	Non-	Student	Student	
	Member*	Professional*	Member**	Member*	Non-Member**	Emeritas
Full Meeting Registration	<input type="checkbox"/> \$200	<input type="checkbox"/> \$80	<input type="checkbox"/> \$300	<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40
Daily Registration						
Wednesday – all day	<input type="checkbox"/> \$85	<input type="checkbox"/> \$40	<input type="checkbox"/> \$120	<input type="checkbox"/> \$10	<input type="checkbox"/> \$30	
Thursday – with Exhibits	<input type="checkbox"/> \$85	<input type="checkbox"/> \$40	<input type="checkbox"/> \$120	<input type="checkbox"/> \$10	<input type="checkbox"/> \$30	
Friday	<input type="checkbox"/> \$85	<input type="checkbox"/> \$40	<input type="checkbox"/> \$120	<input type="checkbox"/> \$0	<input type="checkbox"/> \$30	

Social Event, Thursday evening \$25

Please enclose payment and make checks payable to: NSCLS/CLMA/ASCP Spring Meeting

Registration fee (Full or Daily) \$ _____
 Social Event \$25 (Thurs.) \$ _____
 Late fee \$30 (after 3-22-2010) \$ _____

Mail registration form & payment to: Michelle Hess
 4307 S. 61st Ave.
 Omaha, NE 68117

Total Remittance \$ _____

Registration deadline is March 22, 2010. ***Registrations postmarked after March 22, 2010 and on-site registrations will be charged a late fee of \$30 per individual registration. Tax ID#47-6034572. Your cancelled check is your receipt. Questions?? Contact Michelle Hess: 402-559-5791 or mmhess@unmc.edu

Meeting Use Only: Check# _____ Name on check if different from registration _____
 Business Check Personal Check

Amount of Check _____ Logged