

ANNUAL MEETING

JULY 29- AUGUST 2, 2018 | SWISSOTEL | CHICAGO, ILLINOIS

Registration Form



Personal information *(please type or print)*

Full Name _____

Badge Name _____

Job Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email Address _____

Are you a speaker? Yes No

Are you willing to moderate a session? Yes No

Do you have any special meal requirements (vegetarian, etc.)?

No Yes (specify) _____

What is your goal for this conference? _____

Who do you consider an unsung hero in your professional life?

Who do you see as the 100th President of ASCLS in the year 2032?

What is the year and city of your first annual meeting?

What is your favorite movie of all time?

In **2018**, we are asking previous attendees to the **ASCLS** Annual Meeting to serve as ambassadors for the new attendees. In short, Annual Meeting Ambassadors will be identified with a tag on their name badge and will serve as a resource for new attendees. Are you willing to be an Annual Meeting Ambassador?

Yes No

Registration Fees

Full Registration

	Early (by June 1st)	Regular Registration (by July 13th)	Onsite Registration
<input type="checkbox"/> ASCLS Professional / Collaborative Member	\$470	\$530	\$570
<input type="checkbox"/> ASCLS FYP Member	\$230	\$290	\$330
<input type="checkbox"/> ASCLS Emeritus / Honorary Member*	\$150	\$170	\$190
<input type="checkbox"/> ASCLS Student Member	\$150	\$170	\$190
<input type="checkbox"/> Non-member / Customer	\$595	\$655	\$695

One-Day **ONLY** Registration

<input type="checkbox"/> ASCLS Member	N/A	\$260	\$280
<input type="checkbox"/> Non-member / Customer	N/A	\$325	\$345

Please select which day you will attend: Monday Tuesday Wednesday Thursday

Guest/Spouse Registration

<input type="checkbox"/> Guest/Spouse	\$95	\$115	\$135
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Name of Guest/Spouse: _____

Email of Guest/Spouse: _____

Social Activity

<input type="checkbox"/> Optional Wednesday Night Event	\$30	\$30	\$30
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Registration Fee: \$ _____

New ASCLS Member Dues: \$ _____

Total amount: \$ _____

*Any professional member, who qualifies for Emeritus membership but has chosen to remain a professional member, is eligible to register at the Emeritus / Honorary member rate. Members who wish to take advantage of this special pricing must register via phone (**571.748.3770**) or mail. This special pricing is not available with online registration.

Please note: ASCLS reserves the right to cancel registrations that circumvent regular processes to inappropriately receive the discounted member rate.

Method of Payment

- Check enclosed, payable to ASCLS AM
 Purchase Order Number _____

To securely pay via credit card, please visit
www.ascls.org/AnnualMeeting

Mail this form with payment to:

ASCLS
1861 International Drive, Suite 200
McLean, VA 22102

