

**Association of Public Health Laboratories and American Society for Clinical Laboratory Science
Webinar Series • Registration Form**

Registration includes one connection to the live program with unlimited attendance (and CEUs) for everyone AND unlimited access (and CEUs) to the archived program for 12 months

Select Program(s)

| √ | Price | Date | Time (ET) | Title | 015# |
|---|-------|-----------|--------------|---|--------|
| | \$99 | 2/16/2017 | 1:00-2:00 pm | Computerized Physician Order Entry for Laboratory Test Orders | 941-17 |
| | \$99 | 4/13/2017 | 1:00-2:00 pm | Face the Future: Laboratory Ergonomics Solutions | 943-17 |
| | \$99 | 5/11/2017 | 1:00-2:00 pm | Genomics and Bioinformatics in Clinical Microbiology | 942-17 |

Applicant Information (Please Type or Print.)

Title: (Dr./Mr./Miss/Ms./Mrs.) First Name: M.I.: Last Name:

Position Title:

Employer's Name:

Mailing Address: (*Please specify, Employer's or your Home address?*)
Street:

City: State/Country: Zip:

Work Telephone Number: Work Fax Number:

E-mail Address: (Applicant must provide an email address to receive a confirmation of registration.)

Payment Information

| | |
|--------------------------|---|
| <input type="checkbox"/> | Enclosed is my check or money order (payable to APHL) |
| <input type="checkbox"/> | Bill my Credit Card |

To receive *future* training event notifications please indicate: **YES** **NO**

Credit Card Information

| | | | |
|----------------------------|-------------------------------|-------------------------------------|---|
| Select one | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Card Holder's Name (print) | Card Holder's Signature | | |
| Card Number | Exp. Date | | |

**Submit completed form: Fax: 240-485-2712 or Mail: Registrar
PO Box 79117
Baltimore, MD 21279-0117**