



CLEC 2023 REGISTRATION FORM

MAIL THIS FORM WITH PAYMENT TO

ASCLS CLEC
11107 Sunset Hills Road
Suite 100
Reston, VA 20190-5376

Personal Information (please type or print)

Name _____

ASCLS Member Number _____

Job Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email Address _____

What is your goal for the conference? _____

Are you a faculty member in a:

- MLT Program
- MLS Hospital-Based Program
- MLS University-Based Program
- Graduate Program
- None

How many years have you been teaching? _____

For In Person Registration, do you have any special meal requirements (vegetarian, etc.)?

No Yes (specify) _____

	EARLY BIRD by Jan. 6	REGULAR by Feb. 10	ONSITE/LATE starting Feb. 23
ASCLS Professional Member	\$695 —in person \$595 —virtual	\$745 — in person \$645 —virtual	\$795 —in person \$695 —virtual
ASCLS Ascending & Developing Professional Member	\$595 —in person \$495 —virtual	\$645 —in person \$545 —virtual	\$695 —in person \$595 —virtual
Non-Member	\$855 —in person \$755 —virtual	\$895 — in person \$795 —virtual	\$945 — in person \$845 —virtual

Preconference Workshop: \$75/ASCLS member; \$95/non-member. Available to in-person attendees only.

METHOD OF PAYMENT

Check enclosed, payable to **ASCLS CLEC**

Purchase Order No. _____

To securely pay via credit card, please visit

www.ascls.org/clec

Registration Type In Person Virtual

Registration Fee: \$ _____

Preconference Workshop: \$ _____

New ASCLS Member Dues \$ _____

TOTAL AMOUNT: \$ _____

QUESTIONS? Contact us at ascls@ascls.org or (571) 748-3770.