

# CLEC 2024 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 \_\_\_\_\_

First Name for Badge \_\_\_\_\_

ASCLS Member Number \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

What is your goal for the conference? \_\_\_\_\_

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

No  Yes (specify) \_\_\_\_\_

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? \_\_\_\_\_

Industry partners who participate in the CLEC Premium Engagement Package will be provided a list of CLEC Attendees (names and email only) for the purposes of pre- and post-event communications. Do you agree to be included in the attendee list ASCLS provides to these partners?

Yes  No

*(Note: regardless of choice, attendees will still be able to provide contact information to industry partners at the conference via badge scanning).*

	<b>EARLY BIRD</b> by Dec. 20	<b>REGULAR</b> by Feb. 1	<b>ONSITE/LATE</b> starting Feb. 21
ASCLS Professional Member	<b>\$695</b> —in person <b>\$595</b> —virtual	<b>\$745</b> —in person <b>\$645</b> —virtual	<b>\$795</b> —in person <b>\$695</b> —virtual
ASCLS Ascending & Developing Professional Member	<b>\$595</b> —in person <b>\$495</b> —virtual	<b>\$645</b> —in person <b>\$545</b> —virtual	<b>\$695</b> —in person <b>\$595</b> —virtual
Non-Member	<b>\$855</b> —in person <b>\$755</b> —virtual	<b>\$895</b> —in person <b>\$795</b> —virtual	<b>\$945</b> —in person <b>\$845</b> —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](http://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](mailto:ascls@ascls.org) or (571) 748-3770.**