

# 2018 ASCLS-IL ANNUAL MEETING & EXHIBITS REGISTRATION FORM

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Organization: \_\_\_\_\_ ASCLS Member # (if applicable) \_\_\_\_\_

**Please place a mark to applicable**

**Full Registration**

ASCLS Member	<input type="checkbox"/>	\$145
Non-member	<input type="checkbox"/>	\$255
Student ASCLS Member/ Emeritus	<input type="checkbox"/>	\$75
Student Non-Member	<input type="checkbox"/>	\$105

**Single Day Registration**

Th  F

ASCLS Member	<input type="checkbox"/>	\$90
Non-member	<input type="checkbox"/>	\$150

**Additional Fees**

Institutional Pass	<input type="checkbox"/>	\$225
Institutional Pass Meal Ticket	Qty: _____ <input type="checkbox"/>	\$20(ea)
Late Fee (after April 10)	<input type="checkbox"/>	\$10

**Total Registration Cost: \$ \_\_\_\_\_**

**Please mark the sessions you plan to attend in each time frame**

**Thursday, April 19**

08:00AM - 09:30AM	<input type="checkbox"/>	Session 1 (Keynote)				
09:45AM - 10:45AM	<input type="checkbox"/>	Session 2	<input type="checkbox"/>	Session 3	<input type="checkbox"/>	Session 4
11:00AM - 12:00PM	<input type="checkbox"/>	Session 5	<input type="checkbox"/>	Session 6	<input type="checkbox"/>	Session 7
02:30PM - 03:30PM	<input type="checkbox"/>	Session 8	<input type="checkbox"/>	Session 9	<input type="checkbox"/>	Session 10
03:45PM - 04:45PM	<input type="checkbox"/>	Session 11	<input type="checkbox"/>	Session 12	<input type="checkbox"/>	Session 13

**Friday, April 20**

08:00AM - 09:30AM	<input type="checkbox"/>	Session 14 (Keynote)				
09:45AM - 10:45AM	<input type="checkbox"/>	Session 15	<input type="checkbox"/>	Session 16	<input type="checkbox"/>	Session 17
11:00AM - 12:00PM	<input type="checkbox"/>	Session 18	<input type="checkbox"/>	Session 19	<input type="checkbox"/>	Session 20
02:30PM - 04:45PM	<input type="checkbox"/>	Session 21	<input type="checkbox"/>	Session 22		

**Please answer the following questions: CONFIRMATION WILL NOT BE SENT**

	YES	NO
I will attend the Board of Directors Meeting Lunch Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
I will attend the Social Event Thursday evening	<input type="checkbox"/>	<input type="checkbox"/>
I will attend the Awards Ceremony Friday afternoon	<input type="checkbox"/>	<input type="checkbox"/>
I will attend breakfast Thursday	<input type="checkbox"/>	<input type="checkbox"/>
I will attend lunch Thursday	<input type="checkbox"/>	<input type="checkbox"/>
I will attend breakfast Friday	<input type="checkbox"/>	<input type="checkbox"/>
I will attend lunch Friday	<input type="checkbox"/>	<input type="checkbox"/>
I would like a Vegetarian Meal*	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to serve as a session moderator** Th <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or Special Accommodations MUST be requested here: _____		

\*Vegetarian meals available for advance registration ONLY lunch tickets will NOT be available for on site purchase

\*\*Moderators are assigned to one of their chosen sessions. They will be required to introduce the speaker (bio provided), do a head count, give the code at the end, sign the session summary form, distribute and collect the evaluation forms and return packets to the desk after the session.

Registration Form MUST be submitted by **April 10, 2018** to qualify for early registration fees.  
 Add \$10 late fee to registration forms submitted after April 10.

**For online registration/payment** go to <https://goo.gl/forms/JiHwWUAGYkLsHBm2>

<b>APPLICATION FOR MEMBERSHIP</b> <b>American Society for Clinical Laboratory Science</b>		
<b>Name:</b>		
<b>Organization:</b>		
<b>Primary address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Type of Address:</b> <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Home	<b>Country:</b>	<b>Grad Date:</b>
<b>Primary email:</b>		
<b>Secondary email:</b>		
<b>Phone:</b>		
<b>Mobile Phone:</b>		
<b>Secondary address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Type of Address:</b> <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Home	<b>Country:</b>	
<b>Previous a member of ASCLS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, Membership Number:</b>	
<b>Mentor/Recruiter Name and ASCLS Member #:</b>		
<p><b>SCIENTIFIC ASSEMBLY</b> The ASCLS Scientific Assembly sections provide an opportunity for members to network within their own scientific discipline. There is no additional fee for participation. Please choose at least one interest.</p> <p><input type="checkbox"/> Chemistry/Urinalysis <input type="checkbox"/> Education <input type="checkbox"/> Generalist <input type="checkbox"/> Hematology/Hemostasis <input type="checkbox"/> Immunology/Immunohematology</p> <p><input type="checkbox"/> Informatics <input type="checkbox"/> Lab Admin/Consultant/Quality/Accreditation/Industry <input type="checkbox"/> Microbiology/Public Health</p> <p><input type="checkbox"/> Molecular Diagnostics <input type="checkbox"/> Point of Care Testing <input type="checkbox"/> Phlebotomy</p>		
<p><b>CERTIFICATION AGENCY - Check all credentials obtained as listed by each certification agency.</b></p> <p><b>BOC</b> <input type="checkbox"/> MLS <input type="checkbox"/> MLT <input type="checkbox"/> other _____</p> <p><b>AMT</b> <input type="checkbox"/> MT <input type="checkbox"/> MLT <input type="checkbox"/> other _____</p> <p><b>HHS</b> <input type="checkbox"/> CLT <input type="checkbox"/> other _____</p> <p>Other: _____</p>		<p><b>Position:</b></p> <p><input type="checkbox"/> Lab Director (Admin) <input type="checkbox"/> Faculty Member/Instructor</p> <p><input type="checkbox"/> Lab Manager <input type="checkbox"/> Program Director</p> <p><input type="checkbox"/> Tech. Supervisor <input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Staff Technologist (MLS) <input type="checkbox"/> Inspector/Surveyor</p> <p><input type="checkbox"/> Staff Technician (MLT) <input type="checkbox"/> Marketing/Sales</p> <p><input type="checkbox"/> Phlebotomist <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Laboratory Assistant <input type="checkbox"/> Other _____</p>
<b>Please assist ASCLS in collecting the following voluntary statistics to provide demographics for grants by answering the items below:</b>		
<p><b>Employment Status:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student</p> <p><input type="checkbox"/> Unemployed <input type="checkbox"/> Retired</p>		<p><b>Highest Degree:</b> <input type="checkbox"/> High School <input type="checkbox"/> Associate</p> <p><input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate</p>
<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<p><b>Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____</p>

# ASCLS MEMBERSHIP CATEGORIES AND ELIGIBILITY REQUIREMENTS

The ASCLS membership year runs August 1<sup>st</sup>-July 31<sup>st</sup>

(All Membership Categories eligible for **Certification Maintenance Program** – see **CE Options** below)

**PROFESSIONAL** membership (with full voting privileges) is open to all persons certified or engaged in the practice and/or education process of clinical laboratory science, including those with an active interest in supporting the purposes and goals of this Society. Membership benefits are dependent on level of membership:

- **PROFESSIONAL I** includes basic benefits plus the award-winning journal Clinical Laboratory Science.
- **PROFESSIONAL II** includes basic benefits only.

**COLLABORATIVE** membership is available to any individual who currently holds membership in any other health-related national organization and has never been a member of ASCLS. Does not include voting privileges.

**FIRST YEAR PROFESSIONAL** membership is open to persons who have graduated within the last 12 months from an accredited program in laboratory science. This membership status is valid for only one year to assist recent graduates. After one year in this category, members must upgrade to Professional membership. Includes voting privileges.

**STUDENT** membership is open to persons enrolled in a structured program of clinical or academic instruction in laboratory science, or to full-time graduate students in a related science area. Does not include voting privileges.

**Select Your National Membership Category:**

- PROFESSIONAL I\* \$99 plus state dues *\*Persons residing outside the United States must join as Professional I.*
- PROFESSIONAL II \$78 plus state dues
- COLLABORATIVE \$45, no state dues
- FIRST YEAR PROFESSIONAL \$45 plus state dues

## STATE DUES SCHEDULE

Professional I & II		Student	
CA	\$25	AZ, CT, FL, HI, IL, IN, IA, KY, LA, MA, MI, MS, NC, NE, NH, NJ, NM, NV, OH, PR, RI, SC, SD, TN, VA, WI	\$5
AZ, CO, NV, NY, WA	\$20	AL	\$4
TX	\$18	OK	\$3
TN	\$16	GA, UT, WV	\$2
AK, FL, HI, KY, LA, MN, MO, MT, NC, NE, NJ, OH, SD	\$15	STATES NOT LISTED	\$0
AL, CT, DE, GA, ID, IL, IN, IA, KS, MA, MI, MS, NH, OK, OR, PA, PR, RI, SC, UT, VA, WI, WV, WY	\$10	* <b>First Year Professional</b> (state dues schedule same as Professional I & II <b>except</b> for the states listed below) CA - \$0, MN - \$0, NY - \$0, TX - \$9, CO - \$10, OH - \$10	
MD	\$6		
ME, NM, ND, VT	\$5		

**CE Options Available with Membership (Optional online CE from MediaLab)**

Go to <http://www.ascls.org/CMM> for more information.

**\$45 Certification Maintenance 12 Hour option (CM12)**

**\$85 Certification Maintenance Unlimited option (CMU)**

National Dues \$ \_\_\_\_\_ + State Dues \$ \_\_\_\_\_ + CE Option \$ \_\_\_\_\_ = Total Amount Due \$ \_\_\_\_\_

Please list the State Society you wish to join : \_\_\_\_\_

Contributions to the Education and Research Fund ARE tax deductible as charitable contributions to the extent allowed by law. Dues and other contributions to ASCLS are not deductible as charitable contributions. However, dues payments may be deductible as an ordinary business expense except to the extent that ASCLS engages in lobbying activities. ASCLS estimates that 9% of your dues will be spent on lobbying and are not deductible on your federal income tax return.

\$8 of Annual Membership Dues are allocated for a subscription to the newsletter *ASCLS Today*. \$40 of Annual Membership Dues for Professional I are allocated to a subscription to the journal *CLS*.

