AACC and the AACC CPOCT Present

New Directions in Point-of-Care and Critical Care Testing: Innovation, Controversies, and Partnerships

23rd International Symposium
Presented by the AACC Critical and Point-of-Care Testing Division

SEPTEMBER 22-25, 2010 • MARRIOTT COPLEY PLACE HOTEL • BOSTON, MASSACHUSETTS

Full payment of all fees must accompany this form for registration to be processed. (We do not accept purchase orders.)

FOUR WAYS TO REGISTER:

- **MAIL** payment and registration form to:
  AACC, PO Box 759230, Baltimore, MD 21275-9230
- **FAX** registration form to: 1-202-887-5093 (credit cards only)
- **PHONE** AACC Customer Service at 800-892-1400 or 202-857-0717 (credit cards only)
- **ONLINE** registration is available at www.aacc.org/events (credit cards only)

Become an AACC Member and SAVE. View member benefits at www.aacc.org/members/

I wish to become an AACC member to register at the reduced member rate.

- ☐ I wish to become a Full AACC Member ($185).
- ☐ I wish to become an Affiliate AACC Member ($110).
- ☐ I wish to join the CPOCT Division ($20; you must be an AACC Member to join the division.)

Registration Fees (PID 5735):

- ☐ AACC Member early fee (received on or before August 18)....$395
- ☐ AACC Member regular fee (received after August 18).....$525
- ☐ Non-member early fee (received on or before August 18).....$625
- ☐ Non-member regular fee (received after August 18).....$725

Awards Dinner (PID 5745) **Free** to registered attendees.

- ☐ I will attend the awards dinner on September 24.

PRINT OR TYPE ALL INFORMATION

Name _____ AACC Member # _____

Title _____ Degree _____

Institution/Organization _____

Department _____

Address _____

_____

City _____ State _____ Postal/ZIP Code _____ Country _____

Email _____

Phone _____ Fax _____

This information is my: Business ☐ Home ☐

☐ This is my new contact information. Please update my permanent record.

Payment by check (*Please make check payable to AACC.* Checks must be in U.S. dollars, payable through a U.S. bank. Contact AACC Customer Service for wire transfer information.): I enclose $_____ ☐ Personal check ☐ Company check

Payment by credit card: ☐ American Express ☐ MasterCard ☐ VISA

Account # _____ Expiration date: ____ (MONTH) ____ (YEAR)

Credit Card Security Code: _____ (VISA and MasterCard: Last 3 digits on back of card. American Express: 4 small digits on front of card.)

Name on Card: _____ Signature of Cardholder: _____

Credit Card Billing Address (exactly as it appears on your statement): _____

_____

☐ If you have a disability and require special assistance, please check here. An AACC representative will contact you. Neither the hotel nor AACC can guarantee appropriate accommodations without prior notice.

Cancellation Policy: All cancellations must be submitted *in writing* to AACC Customer Service no later than September 8, 2010 and are subject to a $35 processing fee. Requests received after September 8 *will not* be eligible for a refund; however, a substitute may attend with written notice. Written notices may be sent via fax to 1-202-887-5093, or email to custserv@aacc.org.