AACC and the AACC CPOCT Division Present

AACC Annual Meeting 2010
July 25-29 • Anaheim, California

Records and Regulations in the Age of the EMR
8th Annual POCC Forum

Thursday, July 29, 2010 • 7:30am - 10:00am • Anaheim Convention Center

Sponsored by the AACC Critical and Point-of-Care Testing Division.

This symposium is held during the AACC Annual Meeting.

Registration includes breakfast followed by the scientific sessions.

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

THREE WAYS TO REGISTER (PID 5811):

- **MAIL** payment and registration form to:
  AACC, PO Box 759230, Baltimore, MD 21275-9230
- **FAX** registration form to: 202-887-5093 (credit cards only)
- **ONLINE** registration is available at www.aacc.org/2010am
  (credit cards only)

Become an AACC Member:

☐ Yes, I wish to become an AACC Member..... $185

I'm an AACC Member and would like to join the following division:

☐ Critical and Point-of-Care Testing (CPOCT) $20

Meeting Registration

☐ AACC/ASCLS Member/Nonmember fee $20

Please note: A full or Thursday Daily AACC Annual Meeting conference registration will be required when registering online. Register by fax, mail or onsite using this symposium registration form. Full or Daily conference registration will not be required when registering via these methods. Tickets may be picked up at the Anaheim Convention Center at Conference Registration.

For information on the Annual Meeting or to register online, go to **www.aacc.org/2010am**

Registration deadline: July 1, 2010, register onsite after July 1. Please register early. Seating is limited.

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*): 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. We cannot guarantee on-site access without prior notice.

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