AACC and the AACC CPOCT Division Present

Infection Control: Preventing Occupational and Patient Cross Contamination at the Point-of-Care
9th Annual POCC Forum

AACC Annual Meeting 2011
July 24–28 • Atlanta, Georgia

Thursday, July 28, 2011 • 7:30am - 10:00am • Georgia World Congress 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 6602):

- **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/2011am (credit cards only)

Become an AACC Member:

☐ Yes, I wish to become an AACC Member..... $210

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: Tickets may be picked up at the Georgia World Congress Center at Conference Registration.

For information on the Annual Meeting or to register online, go to **www.aacc.org/2011am**

Registration deadline: June 30, 2011, register onsite after June 30. 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

Name on Card: _____ Signature of Cardholder: _____

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

_____

You will be automatically enrolled to receive mail and email based on AACC's standard privacy options, unless you have previously modified your communication settings. To view the AACC privacy policy and to modify your communication preferences, when you receive your receipt, login to www.aacc.org, click on Access Your AACC.org, and select update your profile.

☐ 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 June 30, 2011. Requests received after June 30 *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.