

2017 AACC CLINICAL LAB EXPO REGISTRATION FORM

AUGUST 1 - AUGUST 3 SAN DIEGO, CA • USA

Personal Information Complete this information EXACTLY as you want it to appear on your badge. Names cannot exceed a total of 30 characters. Badges will not be sent by mail, please bring your confirmation and photo ID onsite to receive your credentials.

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REGISTRATIONS RECEIVED BY JUNE 15, 2017 REQUIRE PAYMENT OF \$20 PER PERSON. REGISTRATIONS RECEIVED AFTER JUNE 15, 2017 REQUIRE PAYMENT OF \$40 PER PERSON.

THERE WILL BE NO CANCELLATIONS, REFUNDS OR TRANSFERS OF EXPO REGISTRATION FEES.

Please Note: The appropriate fee will be charged to your credit card based on the date of receipt of this form.

Full payment of fees must accompany this form. We do not accept purchase orders.

Check enclosed (Make checks payable to AACC in U.S. dollars, payable through a U.S. bank.) Company check Personal check

American Express MasterCard VISA Card # Expiration date: MM/YY

Name on Card: Signature of Cardholder:

The following Information must be completed to process your application:

- 1. Which best describes your organization's primary function? (select the one that most closely matches yours) 01 Laboratory/Laboratory System 02 Hospital/Health System/Health Clinic 03 Community Health Center 04 Blood Center/Blood Bank 05 Diagnostics Company 06 Medical Device Company 07 Pharmaceutical Company 08 Pharmaceutical Research 09 Biotechnology Company 10 OEM Company 11 Distributor 12 Consulting Company 13 Laboratory Information Systems/ Informatics Company 14 Investment Company/Industry Analyst 15 Contract Research Organization 16 Government Agency 17 Educational Institution 18 Non-profit Association 19 Retired from full-time employment 20 Other (please specify):

If you answered Managed Care/Coordinated Care Network/Healthcare System in 2, please answer 3:

- 3. How many sites are in your Coordinated Care Network? 01 (1-5) 02 (6-10) 03 (11-15) 04 (16+)

- 4. If you work in a hospital lab, how many beds are in your hospital? 01 (0-199) 02 (200-399) 03 (400-599) 04 (600+)

5. What are the functions of your lab? (select all that apply)

- 01 Biochemistry 02 Blood Banking 03 Chemistry 04 Clinical Trials 05 Coagulation 06 Core Lab 07 Forensic Testing 08 Genetic Testing 09 Hematology 10 Immunology 11 Microbiology 12 Molecular Testing 13 Pediatric/Newborn Screening 14 Point of Care Testing 15 Toxicology 16 Transfusion Medicine 17 Veterinary Testing 18 Additional Functions (please specify):

6. What role(s) do you play in the acquisition of systems and/or instruments for your lab? (select all that apply)

- 01 Evaluate options for purchase 02 Recommend products 03 Participate in team evaluation 04 Assess product after purchase 05 Final Selection 06 No role

7. What is the highest degree (or equivalent) you hold?

- 01 Doctoral Degree (PhD) 02 Medical Degree (MD) 03 MD and PhD 04 Master's Degree (MA/MS/MBA) 05 Bachelor's Degree (BA/BS/BSMT) 06 Nurse Practitioner 07 Physician Assistant 08 RN 09 LPN 10 JD 11 MBA and JD 12 PharmD 13 PharmD and PhD 14 Associates Degree 15 High School Degree

8. What is your primary job function?

- 01 Lab Director/Assistant Director 02 Lab Manager 03 Scientific Director 04 Medical Director 05 Lab/Medical Technologist (Supervisory)/Lead Tech 06 Lab/Medical Technologist (Non-Supervisory) 07 President/VP/Other Executive 08 Pathologist 09 MD/Clinician 10 Nurse 11 Pharmacist 12 Hospital Administrator 13 Chief Medical Officer 14 Clinical Chemist 15 Point-of-Care Testing 16 Quality Assurance 17 Cytotechnologist 18 Lab Information Systems 19 Scientific Affairs 20 Research or Development Scientist/Engineer 21 Manufacturing/Operations 22 Marketing/Sales 23 Analyst 24 Regulatory Affairs 25 Educator 26 Student/Fellow 27 Consultant 28 Retired

9. What is your age?

- 01 (under 25) 02 (25 - 39) 03 (40 - 44) 04 (45 - 54) 05 (55 - 64) 06 (65 -74) 07 (75 and over) 08 Prefer not to answer

10. What is your gender?

- 01 Male 02 Female 03 Prefer not to answer

11. Which of the following best describes your business interests at this meeting? (select one)

- 01 Evaluate/acquire lab products or services for the lab or practice 02 Market lab products or services 03 Evaluate OEM suppliers, distribution opportunities, or technology licensing 04 Solicit OEM, distribution or other B2B collaborations 05 No product or business interest 06 Other (please specify):

If you answered that you are primarily a Laboratory/Laboratory System, answer 2-6. If not, skip to question 7.

2. Please select the type of laboratory that most closely matches yours

- 01 University Hospital Laboratory 02 Managed Care/Coordinated Care Network/Healthcare System 03 State/County/Local Hospital Lab System 04 Clinical Laboratory 05 Private Hospital Laboratory 06 Independent Laboratory 07 Physician Office Laboratory 08 Veterans/Military Hospital Laboratory 09 Government/Public Health Laboratory 10 Commercial Laboratory 11 Reference Laboratory 12 Research Laboratory 13 Diagnostics Manufacturer Lab 14 Pharmaceutical Laboratory 15 Forensic Lab 16 Direct-to-Consumer Laboratory (pharmacy, retail, etc.) 17 Urgent Care Center Laboratory

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