

BECOME AN AACC MEMBER TODAY

I wish to become an AACC member*

Check one:

Professional Member
(\$229, PID 8173)

Professional Affiliate Member *
(\$135, PID 8178)

*Affiliates do not receive *Clinical Chemistry Journal*

I wish to join the Critical and Point-Of-Care Testing Division.**
(\$20, PID 8186).

**You must be an AACC Member to join the division

CRITICAL AND POINT-OF-CARE TESTING DIVISION



15TH ANNUAL POINT-OF CARE COORDINATORS FORUM

NURSING AND POC TEAMS:

Working for the Same Goal

August 3, 2017 • 7:30 AM — 10:00 AM • San Diego Convention Center, San Diego, CA

This symposium is held during the AACC Annual Meeting. Registration includes breakfast followed by the scientific sessions.

Please note: Tickets may be picked up at the San Diego Convention Center at Conference Registration. For information on the Annual Meeting or to register online, go to <http://www.aacc.org/2017AM>

**PID 11627
PROGRAM
REGISTRATION**

Register me for the forum (\$20)

FOUR WAYS TO REGISTER (PID 11627):

MAIL payment and registration form to: AACC, PO Box 759230, Baltimore, MD 21275-9230

PHONE AACC Customer Service at: 800-892-1400 or 202-857-0717 (credit cards only)

FAX registration form to: 202-887-5093 (credit cards only)

ONLINE registration is available at www.aacc.org/2017AM (credit cards only)

PRINT OR TYPE ALL INFORMATION

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

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.

I enclose: \$ _____ Personal check Company check Contact AACC Customer Service for wire transfer information.

Payment by credit card: American Express MasterCard VISA **FOR YOUR SECURITY, PLEASE DO NOT EMAIL THIS FORM**


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, and update your profile.

 If you have a disability and require special assistance, please check here. An AACC representative will contact you. AACC cannot guarantee appropriate accommodations without prior notice.