BECOME AN AACC MEMBER TODAY

☐ I wish to become an AACC member*

Check one:

☐ Professional Member ($227, PID 8173)

☐ Professional Affiliate Member * ($134, PID 8178)

**Affiliates do not receive Clinical Chemistry Journal*

LIPOPROTEINS AND VASCULAR DISEASES DIVISION

AACC
Better health through laboratory medicine.

Annual LVD Division Dinner Meeting

CURRENT TOPICS IN CARDIOVASCULAR DISEASE:
Update on lipoprotein metabolism in cardiovascular research

August 1, 2016 • 5:30 PM — 9:30 PM • Philadelphia Marriott Downtown

PID 10996 **PROGRAM REGISTRATION**	☐ Register me for the Annual LVD Dinner Meeting ($50, PID 10996).
PID 8174 **DIVISION REGISTRATION**	☐ I wish to join the Lipoproteins and Vascular Diseases Division ($20, PID 8174)** ***You must be an AACC Member to join the division*

Use the form below to pay for Registration for the Annual LVD Dinner Meeting and to pay for AACC and/or Lipoprotein and Vascular Diseases Division Membership.

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.