2018 AACC CLINICAL LAB EXPO

REGISTRATION FORM

July 31–August 2 | Chicago, IL 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 on site to receive your credentials.

Only EXHIBITS are included with Expo registration. Participation in educational sessions requires conference registration. Visit www.aacc.org/2018am for more information. Note: Do not use this form for exhibit staff.

☐ Check here if you require special services. Please describe special services:_____

_____

BADGE INFORMATION (form must be printed or typed in English) **Required field*

Source Code: 549936

MEMBER ID# _____ DEGREE_____

FIRST/GIVEN NAME* _____ MIDDLE NAME_____

LAST/FAMILY NAME* _____

TITLE*_____

INSTITUTION* _____

DEPARTMENT _____

STREET ADDRESS* _____

STREET ADDRESS _____

CITY/PROVINCE*_____ STATE_____

POSTAL CODE* _____ COUNTRY*_____

BUSINESS PHONE*_____ CELL PHONE_____

EMAIL ADDRESS* _____

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, log in to www.aacc.org and select "My Profile."

Check below to opt OUT of exhibitor communications. EXHIBITORS SUPPORT AACC'S ACTIVITIES, AND WE ENCOURAGE YOU TO SUPPORT THEIR EFFORTS. CELL PHONE NUMBERS WILL NOT BE SHARED.

☐ Please do **NOT** encode my email address on my badge. ☐ Please do **NOT** share my mailing address with AACC Clinical Lab Expo exhibiting companies.

REGISTRATIONS RECEIVED BY JUNE 14, 2018, REQUIRE PAYMENT OF $40 PER PERSON.
REGISTRATIONS RECEIVED AFTER JUNE 14, 2018, REQUIRE PAYMENT OF $65 PER PERSON.

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

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

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

_____

Billing address EXACTLY as it appears on your credit card statement

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 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

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 Associate's 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):

_____

MAIL TO: AACC Expo Registration, c/o CDS 7 Technology Park Drive, Bourne, MA 02532

CALL: +1 508.743.8506

FAX TO: +1 508.743.3639

AACC *Better health through laboratory medicine.*