

BECOME AN AACC MEMBER TODAY

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Check one:

Professional Member (\$234)

Professional Affiliate Member (\$138)

Affiliates do not receive Clinical Chemistry Journal

I wish to join the CPOCT Division (\$20)

You must be an AACC Member to join the division



Better health through laboratory medicine.

The Role of Point-of-Care Testing in a Value-Based Healthcare Landscape: 27th AACC International CPOCT Symposium

September 26 - 29, 2018 — Renaissance Washington DC Downtown Hotel, Washington, DC

PROGRAM REGISTRATION

Promotion Code (If Available) _____

*Early-Bird AACC Member — \$540.00

Regular AACC Member — \$640.00

*Early-Bird Non-Member — \$775.00

Regular Non-Member — \$875.00

* Early-Bird pricing ends August 27, 2018 | Regular Pricing begins August 28, 2018

FOUR WAYS TO REGISTER (PID 11797):

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/CPOCT2018 (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 _____ Cell _____

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. Neither the hotel nor AACC can guarantee appropriate accommodations without prior notice.

Cancellation Policy: All cancellations must be submitted in writing to AACC Customer Service (fax to 202-887-5093 or email custserv@aacc.org) no later than August 27, 2018, and are subject to a \$35 processing fee. Requests received after August 27, 2018 will not be eligible for a refund.