

# BECOME AN AACC MEMBER TODAY



Better health through laboratory medicine.

I wish to become an AACC member

**Check one:**

Professional Member (\$244)

Professional Affiliate Member (\$144)  
*Affiliates do not receive Clinical Chemistry Journal or JALM*

Express Member (\$65)  
*Click to see Express Member Benefits*

Trainee Member (\$40)  
*Must submit proof of current full-time student status unless renewing*

I wish to join the CPOCT Division (\$20) *You must be an AACC Member to join the division. (Express members are not eligible to join Divisions)*

## International CPOCT Online The Latest Point-of-Care Technologies: Preparing for an Era of Change

Friday, October 2, 2020

**PROGRAM REGISTRATION**

All prices in \$USD

Promotion

Code (If Available) \_\_\_\_\_

### Registration Type

AACC Member	\$99.00
Non-Member	\$135.00

#### FOUR WAYS TO REGISTER (PID 12653):

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

**PHONE** AACC Customer Service at: +1-800-892-1400 or +1-202-857-0717 (credit cards only)

**FAX** registration form to: +1-202-887-5093 (credit cards only)

**ONLINE** registration is available at [www.aacc.org/CPOCTOnline](http://www.aacc.org/CPOCTOnline)

#### 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](http://www.aacc.org), and update your profile.

**Cancellation Policy: All cancellations must be submitted in writing to AACC Customer Service (fax to 202-887-5093 or email [custserv@aacc.org](mailto:custserv@aacc.org)) no later than September 1, 2020, and are subject to a \$35 processing fee. Requests received after September 1, 2020 will not be eligible for a refund.**