

# BECOME AN AACCC MEMBER TODAY

I wish to become an AACCC member

## Check one:

Professional Member (\$234)

Professional Affiliate Member (\$138)

*Affiliates do not receive Clinical Chemistry Journal*

Express Member (\$65)

*Click to see [Express Member Benefits](#)*

\*Student/Trainee Member (\$38)

*\*Must submit proof of current student status*

I wish to join the Critical and Point-of-Care Testing Division

(\$20, PID 2051)

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



Better health through laboratory medicine.

## Point-of-Care Testing Boot Camp and Beyond: Communicating, Connecting and Collaborating

Thursday, November 1, 2018 — Hilton Portland Downtown, Portland, OR

### PROGRAM REGISTRATION

Promotion

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

\*Early-Bird AACCC Member — \$108.00

Regular AACCC Member — \$158.00

\*Early-Bird Non-Member — \$172.00

Regular Non-Member — \$228.00

\*Early-Bird Student/Trainee Member — \$60.00

Regular Student/Trainee Member — \$85.00

\* Early-Bird pricing ends October 2, 2018 | Regular Pricing begins October 3, 2018

### FOUR WAYS TO REGISTER (PID 11800):

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

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

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

**ONLINE** registration is available at [www.aacc.org/POCTCamp18](http://www.aacc.org/POCTCamp18) (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 \_\_\_\_\_ AACCC 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 AACCC) Checks must be in U.S. dollars, payable through a U.S. bank.

I enclose: \$ \_\_\_\_\_  Personal check  Company check Contact AACCC 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 AACCC's standard privacy options, unless you have previously modified your communication settings. To view the AACCC 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.



If you have a disability and require special assistance, please check here. An AACCC representative will contact you. Neither the hotel nor AACCC can guarantee appropriate accommodations without prior notice.

**Cancellation Policy:** All cancellations must be submitted in writing to AACCC Customer Service (fax to 202-887-5093 or email [custserv@aacc.org](mailto:custserv@aacc.org)) no later than October 2, 2018, and are subject to a \$35 processing fee. Requests received after October 2, 2018 will not be eligible for a refund.