

BECOME AN AACC MEMBER TODAY

I wish to become an AACC member

Check one:

- Professional Member (\$229)
- Professional Affiliate Member (\$135)
Affiliates do not receive Clinical Chemistry Journal
- *Trainee Member (\$37)
** Must submit proof of current student status*

AACC

Better health through laboratory medicine.

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

Thursday, December 7, 2017 — Hilton Baltimore, Baltimore, MD

PROGRAM REGISTRATION

- | | |
|---|---|
| <input type="checkbox"/> *Early-Bird AACC Member — \$99.00 | <input type="checkbox"/> Regular AACC Member — \$149.00 |
| <input type="checkbox"/> *Early-Bird Non-Member — \$169.00 | <input type="checkbox"/> Regular Non-Member — \$219.00 |
| <input type="checkbox"/> *Early-Bird Trainee Member — \$49.00 | <input type="checkbox"/> Regular Trainee Member — \$99.00 |

* Early-Bird pricing ends November 7, 2017 | Regular Pricing begins November 8, 2017

Promotion Code (if available) _____

FOUR WAYS TO REGISTER (PID 11652):

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/POCTCamp17 (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 _____ 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. 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 November 7, 2017, and are subject to a \$35 processing fee. Requests received after November 7, 2017 will not be eligible for a refund.