# HOW TO REGISTER

- **PRINT OR TYPE INFORMATION ON ALL PAGES.**
- Make a copy of all pages for your files.
- Submit all 4 pages of this form.
- Include registrant name on all pages of the form.
- Full payment of all fees (in U.S. dollars payable through a U.S. Bank) must accompany this form for registration to be processed.
- For questions, call +1 508.743.8506.

**Deadline:** Early registration ends June 15, 2017.

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## I. PERSONAL INFORMATION

Complete this information EXACTLY as you want it to appear on your badge. You will receive an email confirmation at the email listed within two weeks of receipt of this form and full payment.

<table>
<thead>
<tr>
<th>AACC Member ID #</th>
<th>Degree</th>
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<tr>
<th>First/Given Name*</th>
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<tbody>
<tr>
<td>Middle Name</td>
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<tr>
<td>Last/Family Name*</td>
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Be sure to complete this information:

<table>
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<tr>
<th>Business Phone*</th>
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<th>Cell Phone</th>
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<tr>
<th>E-mail Address*</th>
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* Required field

Required. Your confirmation will be sent to the email address above. You can also send the confirmation/receipt to an alternate email below (e.g., your accounts payable department).

Alternate E-mail ___|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

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, click on My Profile.

**CHECK BELOW TO OPT OUT OF EXHIBITOR COMMUNICATIONS.** Exhibitors support AACC’s activities and we encourage you to support their efforts.

Please do **NOT** encode my email address on my badge.

Please do **NOT** share my mailing address with 2017 AACC Clinical Lab Expo exhibiting companies.
II. YOUR INFORMATION
The following information MUST BE completed to process your application.

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/BSc)
   - 06 Nurse Practitioner
   - 07 Physician Assistant
   - 08 RN
   - 09 LPN
   - 10 JD
   - 11 MBA and JD
   - 12 PharmD
   - 13 PharmD and PhD
   - 14 Associates 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):

III. MEMBERSHIP
NEW THIS YEAR! AACC MEMBER REGISTRATION
If your AACC Membership will expire before the last day of the meeting (August 3, 2017), then you must renew your membership when you register to be eligible for the member discount. Your renewed membership will be valid for one year from the date your payment is processed or one year from your current expiration date, whichever is later.
You can find your correct expiration date by logging on to your profile on www.aacc.org.
- Join AACC today (Professional membership $229)
- Renew my membership (and current member options)
- Renew my membership (and current member options) if my current membership expires before August 3, 2017

IV. CONFERENCE REGISTRATION FEES
Please check choice(s)

<table>
<thead>
<tr>
<th>Full Conference Registration</th>
<th>Early (received by 6/15/17)</th>
<th>Advanced/Onsite (received after 6/15/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 AACC Member (Professional, Professional Affiliate and Transitional)</td>
<td>$595</td>
<td>$735</td>
</tr>
<tr>
<td>01A CSCC Member</td>
<td>$595</td>
<td>$735</td>
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<tr>
<td>CSCC Member Promo Code</td>
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<tr>
<td>02 Non-Member</td>
<td>$875</td>
<td>$1,015</td>
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<tr>
<td>03 AACC Trainee Member</td>
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<td>$200</td>
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<tr>
<td>03 Trainee/Student</td>
<td>$222</td>
<td>$237</td>
</tr>
<tr>
<td>Including AACC Trainee Membership. Discounted fees are a benefit of membership. Proof of full time trainee status required.</td>
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<tr>
<td>04 AACC Emeritus Member</td>
<td>$185</td>
<td>$200</td>
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</tbody>
</table>
C. Which best describes your organization's primary function?
- (select one)
  - C01 Clinical Lab
  - C02 Lab Consultant
  - C03 Government Agency
  - C04 Educational Institution
  - C05 Chief Med Tech/Lab Supervisor
  - C06 OEM Company
  - C07 Hospital Lab
  - C08 Lab Consultant
  - C09 Industry Consultant
  - C10 Other (please specify) ______________
  - C11 Other (please specify) ______________

D. If your organization is a laboratory, which best describes your title/position?
- (select one)
  - D01 President/VP/Other Executive
  - D02 Pathologist/Other MD
  - D03 Director/Assistant Director
  - D04 Medical Degree (MD)
  - D05 Government/Public Health Lab
  - D06 Medical Degree (MD)
  - D07 Medical Degree (MD)
  - D08 Lab Consultant
  - D09 Industry Consultant
  - D10 Brown Bag Sessions
  - D11 Forensic Lab
  - D12 Industry Consultant
  - D13 Other (please specify)

E. If you work in a hospital lab, how many beds are in your facility?
- (select one)
  - E01 (0-199)
  - E02 (200-499)
  - E03 (500+)
  - E04 Other (please specify) ______________

F. What is the highest degree you hold?
- (select one)
  - F01 MD and PhD
  - F02 MD and PhD
  - F03 Doctoral Degree (PhD)
  - F04 Masters Degree (MA/MS/MBA)
  - F05 Bachelor’s Degree (BA/BS/BSMT)

G. If you checked Other, what is your role?
- (select one)
  - G01 Clinical
  - G02 Lab Consultant
  - G03 Government Agency
  - G04 Solicit OEM, distribution, or other B2B opportunities, or technology licensing
  - G05 Other (please specify) __________________

H. If you checked Other, please specify:
- (continues)

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**IV. CONFERENCE REGISTRATION FEES** (continued)

<table>
<thead>
<tr>
<th>Session</th>
<th>Early (received by 6/15/17)</th>
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<tr>
<td>Daily Registration</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Spouse/Guest Registration</td>
<td>$185</td>
<td>$200</td>
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**V. TICKETED SESSIONS**

NEW THIS YEAR! Tickets are not required unless you wish to attend a Brown Bag or AACC University session. Only these ticketed sessions are displayed below. There will be a link to search all sessions in your confirmation email and on the AACC website.

Individuals registered as a guest/spouse may not register for ticketed sessions or receive continuing education credits.

Indicate your preference by session number.

A. AACC University (190000 series)
All courses held on Sunday, July 30. Conference registration is not required; only fees for individual courses.

<table>
<thead>
<tr>
<th>Session</th>
<th>Fee</th>
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<tbody>
<tr>
<td>(By June 15, 2017)</td>
<td>$160 AACC Member/$180 Non-member</td>
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<tr>
<td>(After June 15, 2017)</td>
<td>$215 AACC Member/$235 Non-member</td>
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**Sunday Afternoon Courses**

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<tr>
<th>Session</th>
<th>Fee</th>
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<tr>
<td>(By June 15, 2017)</td>
<td>$215 AACC Member/$235 Non-member</td>
</tr>
<tr>
<td>(After June 15, 2017)</td>
<td>$270 AACC Member/$290 Non-member</td>
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</tbody>
</table>

**Total # of Sessions** __________________   **Total $** __________________

B. Brown Bag Sessions
$25 each AACC Member/Non-Member. Meal is not included
**Morning Sessions (40000 Series)**   **Afternoon Sessions (50000 Series)**

<table>
<thead>
<tr>
<th>Day</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
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<tbody>
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<td>Afternoon</td>
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**Total # of Sessions** __________________   **Total $** __________________

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**VI. SPECIAL EVENTS**

11632 SYCL Workshop & Mixer
**Developing an Influential Leadership Role for Laboratory Professionals**
Saturday, July 29, 2017 • AACC member/non-member: $50

11628 22nd Annual Management Sciences and Patient Safety Leadership Seminar
**Driving Quality through a Culture of Safety**
Saturday, July 29, 2017 • AACC member/non-member: $20

11629 Annual LVD Division Dinner Lecture and Awards
Monday, July 31, 2017 • AACC member/non-member: $50

11634 Mass Spectrometry & Separation Sciences Division Mass Spectacular
Tuesday, August 1, 2017 • AACC member/non-member: $10

11626 Nutrition Division Networking Seminar
**Vitamin D and Bone Turnover Markers in ALL Survivors**
Tuesday, August 1, 2017 • AACC member/non-member: $20

11631 AACC Academy (formerly NACB) Awards Luncheon and Membership Meeting
Wednesday, August 2, 2017 • Academy Fellows: $45

11627 15th Annual Point-of-Care Coordinators Forum
**Nursing and POC Teams: Working for the Same Goal**
Thursday, August 3, 2017 • AACC member/non-member: $20

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**VII. ADDITIONAL OFFERINGS**

A. Conference Recording (11640)
The 69th AACC Annual Scientific Meeting will be recorded and is available for purchase. The recording will include audio and presentation slides from most of the scientific sessions offered during the Annual Scientific Meeting excluding AACC University, Brown Bag Sessions and Special Events. The recording is $199 if purchased with your registration and $299 if purchased after the close of the meeting (August 3, 2017, 1:00pm PDT). Your purchased recordings will be available for download approximately two weeks after the close of the meeting.

☐ $199 Conference Recording

B. Travel Grant Donation (8169)
This program supports and encourages emerging laboratory scientists to excel in their profession and contribute to excellence in laboratory medicine. These grants bring laboratory professionals from around the world to the AACC Annual Scientific Meeting, allowing them to attend scientific sessions, tour the Clinical Lab Expo and network with other colleagues.

Donation ☐ $25 ☐ $50 ☐ $75 ☐ $100
2017 REGISTRATION FORM

Registrant’s Name: ____________________________

VIII. PAYMENT INFORMATION

Membership Dues: Section III
Join AACC (Professional membership $229) $ _______________
Renew AACC membership
☐ Renew my AACC membership (and current options)*
☐ Renew my AACC membership (and current member options) if my current membership expires before August 3, 2017*
*Amount charged will depend on your current member options.

Conference Fees: Section IV $ _______________
Guest/Spouse Fees: Section IV $ _______________
AACC University: Section VA $ _______________
Brown Bag Sessions: Section VB $ _______________
Special Events: Section VI $ _______________
Conference Recording: Section VII A $ _______________
Travel Grant Donation: Section VII B $ _______________
Total Payment Enclosed: $ _______________

In the event that the total amount due is miscalculated on this form, we will automatically recalculate your registration fees and you will be charged accordingly.

V. PAYMENT INFORMATION

Full payment must accompany all orders. Purchase orders are not accepted.

☐ Check Enclosed (Payable to AACC, in U.S. Dollars, through a U.S. Bank Only)
☐ Company Check ☐ Personal Check
☐ Wire Transfer Date Sent ____________ Sending Bank ____________

Routing Information:
Wells Fargo
Account # 80697524199232611
Routing # 121000248
Swift Code WFBUS65
(Please fax or mail registration form)

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express
Card Number

_________ _______ _______ _______ _______ _______ _______
Expiration Date _____/____–____/____
Signature __________________________ Date ____________

Card Holder’s Name

____________________________ ______________________________

Billing Address EXACTLY as it appears on your credit card statement

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Convention Data Services (CDS) is the only authorized registration vendor for the 69th AACC Annual Scientific Meeting & Clinical Lab Expo. If you are contacted by any company other than CDS regarding registration, please note that these companies are not authorized to represent AACC nor do they have access to registration.

Cancellation Policy
All Conference cancellations must be received in writing. Written cancellations received by June 15, 2017 will be assessed a $50 processing fee. No refunds will be granted after June 15, 2017. If a Conference registrant is unable to attend, the registration may be transferred to another person through June 15, 2017. Contact the Customer Service Center for details. No Conference registration transfers are permitted after June 15, 2017.

For AACC USE ONLY: Date Received: ______________ Check # __________________________ Check Amount __________________________

Please submit all 4 pages of this form.

Fax: +1 508.743.3639 (Credit card payments only). Fax copy will be considered original. To avoid duplication, do not mail original.

Mail: AACC Registration, c/o CDS
107 Waterhouse Rd,
Boone, MA, 02532

Internet: www.aacc.org/2017am
(Credit card payments only). You will receive an email confirmation letter within two weeks of receipt of your registration form with complete payment. All registrants may view and print a copy of their confirmation letter by logging into our website at www.aacc.org. Badges will NOT be mailed prior to the meeting. You will be able to pick up your credentials at the convention center.

All individuals must show a government issued photo ID in order to pick up their badges and tickets.