Individual Registration Form  
Texas Association for Clinical Laboratory Science Annual Meeting - March 29-31, 2017

Marriott Courtyard - John Q. Hammons Center

# *Please print legibly so your name badge is correct.*

**Name:**  **Employer or School:**

**Address:**

**City:**  **State:** \_\_\_\_\_\_ **Zip Code:**

## Phone: Cell:

**E-mail:**  **ASCLS member?**

**CIRCLE CHOICES**

|  |  |  |
| --- | --- | --- |
| **Registration Type** | **Early Registration  by March 20\*** | **After March 20** *(add $50, students add $25)* |
| **Full\*\*** | 150. | 200. |
| **One Day\*\*** | 90. | 140. |
| **ASCLS Student Member Full** | 70. | 95. |
| **Non-member Student Full** | 100. | 125. |
| **Non-member Student Daily** | 90. | 115. |
| **Institutional Passes!!!** *Please use the group registration form.*  Reduced rates for employees of one lab, hospital, or education program.  PACE credit for attendees of all scientific or general sessions. | | |

**\*To receive early registration rates your check must be post-marked by Monday March 20, 2017, or register and pay online by March 20, 2017.**

**\*\*Current professional members of all laboratory associations pay the same registration fees, including: ASCLS, CLMA, SWACM, SCABB, AACC, ASM, ASH, AGT, AMT, AABB, AAB and ASCP.  
Proof of paid membership may be requested.**

* Make check or purchase order payable to TACLS. A printed receipt will be in your registration packet at the conference.
* Refund requests must be received by 03/20/17, and will be processed after conference ends. Email request: [jean.sparks@tamucc.edu](mailto:jean.sparks@tamucc.edu)

Refunds requested after 03/20/17 will not be processed.

**Fax registration form to: 361-825-2135 Attention: Jean Sparks**

**Mail forms and checks to: TACLS 2017**

**6515 Ocean Dr. Unit 2011**

**Corpus Christi, TX 78412**