NAME (please print) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (circle one: home/ work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/ Emeritus/ Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERS: Place your current ASCLS membership number here: Member # \_\_\_\_\_\_\_\_\_\_\_\_\_

NON-MEMBERS: You may join ASCLS online at [www.ascls.org](http://www.ascls.org). Go to the ASCLS Main Site Tab, then Membership Tab and follow directions. After joining ASCLS, place your Member # above. Check out the website and all that ASCLS has to offer as a professional society for medical laboratory professionals of all disciplines!

**Online, Credit Card Registration (American Express, VISA, MasterCard and Discover Card) is encouraged and available through the meeting website:** [**https://clcconline.org**](https://clcconline.org)**, up to the second day of the in-person conference, April 22nd! Up to 10 Registrants allowed on one online order.**

**MAIL-IN REGISTRATION MUST BE POSTMARKED BY APRIL 14TH! Make Checks Payable to CLCC, ASCLS**

**TWO-DAY INDIVIDUAL, In-Person PACKAGE:** Includes all “In-Person” general sessions, exhibits events, meals, breakout sessions and networking on Thurs. and Fri., as well as, access to all recorded sessions to earn up to 28 CEUs for 30 days post conference. The session links will be sent to registrants after completion of the in-person conference.

**TWO-DAY, INDIVIDUAL PACKAGE: Check or Circle one per group of sessions that you will be attending In-Person!**

( ) Member…………………………………………………………………………………………… $220.00 \_\_\_\_\_\_\_

( ) Member – Emeritus, Phlebotomist, or Student: School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $100.00 \_\_\_\_\_\_\_

( ) Non-Member…………………………………………………………………………………………… $ 290.00 \_\_\_\_\_\_\_

( ) Non-Member Phlebotomist, or Student: School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $130.00 \_\_\_\_\_\_\_

 (**General Sessions are 1, 2 and 15**)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Thursday****April 21** | **Lunch** | **1:00p** | 3 | 4 | 5 | 6 | **2:45p** | 7 | 8 | 9 | 10 | **4:00p** | 11 | 12**Enter Amount on Blank Lines** | 13 | 14 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Friday****April 22** | **10:15a** | 16 | 17 | 18 | 19 | **Lunch**  | **1:00p** | 20 | 21 | 22 | 23 | **2:15p** | 24 | 25 | 26 | 27 |

**ONE-DAY, INDIVIDUAL, In-Person PACKAGE:** Includes for the day selected, the general session(s), exhibit event(s), meal(s), breakout sessions and the recorded sessions. Select one: Thursday \_\_\_\_\_\_ or Friday \_\_\_\_\_\_\_\_. **Check or Circle one per group of sessions that you will be attending In-Person for the day selected!**

( ) Member………………………………………………………………………………………………… $110.00 \_\_\_\_\_\_\_\_\_\_\_

( ) Member – Emeritus, Phlebotomist, or Student: School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ 50.00 \_\_\_\_\_\_\_\_\_\_\_

( ) Non-Member…………………….……………………………………………………………… $150.00 \_\_\_\_\_\_\_\_\_\_\_

( ) Non-Member Phlebotomist, or Student: School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ 65.00 \_\_\_\_\_\_\_\_\_\_\_

**Make Checks Payable to CLCC, ASCLS...**……………………..……….………………. **FINAL TOTAL:** $ \_\_\_\_\_\_\_\_\_\_

**Dietary Restrictions or Questions, contact Erika Buchanan, at (720) 236-3025-cell, or** **clccrecordings@gmail.com****, or Cathy at timjcathym@aol.com. Mail completed form and payment, postmarked by April 14thto: Erika Buchanan, CLCC 2022, 2625 S. Xanadu Way, Unit F, Aurora, CO 80014**