**INSTITUTION RECORDINGS ONLY REGISTRATION is meant for multiple registrants, up to 10 people from one institution with one total payment. $50/person for 1 to 6 session recordings for 30 days post conference. Must include each registrant's name, email, company and title!** **Mail Completed Registration form and check made out to “CLCC, ASCLS” postmarked by April 14th, 2022 to address below. Or, Go to the meeting website link at** [**https://clcconline.org**](https://clcconline.org) **to register and pay online by April 22nd. Online Registration is preferred. These cards are accepted for payment: American Express, VISA, Mastercard and Discover Card. No in-person attendance available with this option.**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ 50.00/person/ 1-6 session links X # of persons \_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City State Zip

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Each individual listed below will receive the recorded session links for their 1-6 selected sessions and each person will have 30 days post conference to listen to and claim their P.A.C.E. approved CEUs. More than one person may select the same session**.
  + **Note: Session links received by each participant are only for the identified persons below to view the selected sessions, not to be shared with others.**
* See page 2 to add more registrant names.

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| **Participant Name Printed** | **Participant Personal email** | **Select up to 6 recorded sessions total per person/ line** | | | | | |
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**Mailing address: Erika Buchanan, CLCC 2022, 2625 S. Xanadu Way, Unit F, Aurora, CO 80014**

**For questions contact Erika Buchanan at (720) 236-3025-cell, or by email at:** [**clccrecordings@gmail.com**](mailto:clccrecordings@gmail.com)**, or Cathy at timjcathym@aol.com.**

**PAGE 2 RECORDINGS ONLY Orders**

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Street City State Zip

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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