

CLINICAL LABORATORY COLLABORATIVE CONFERENCE
 Sponsored by ASCLS-CO, ASCLS-WY, CACMLE & CLMA Centennial Chapter
 May 13-15, 2009
 Red Lion Hotel Denver Southeast
 3200 S. Parker Road
 Aurora, CO 80014
 800-962-7672

NAME (please print) _____

Mailing Address _____

City _____ State _____ Zip _____ e-mail _____

Employer _____ City/State _____

Job Title _____

Home Phone _____ Work Phone _____

Sponsoring Organization/s to which you belong: _____ Member # _____

MEMBERS: Please include proof of current ASCLS, CLMA or CACMLE membership.

NON-MEMBERS: You may join one of the sponsoring organizations at this time to get the Member Discount for this conference. Download a membership application form on the organization's website, fill it out, attach to this registration form and enclose a **separate check** for the membership dues made out to the organization. Check

www.ascls.org

www.cacmle.org

www.clma.org

- **3-DAY PACKAGE:** Includes all general sessions, all exhibits events, meals, and breakout sessions on Wednesday, Thursday and Friday.

(enter amount)

- () Member\$165.00 _____
- () Student and Emeritus Member.....School _____ \$ 45.00 _____
- () Non-Member.....\$225.00 _____
- () Non-Member Student and Emeritus.....School _____ \$ 55.00 _____

- **ONE DAY PACKAGE:** Includes general session, exhibit events, meal, and breakout sessions for that day.

- () Member.....\$ 70.00 _____
- () Student and Emeritus Member.....School _____ \$ 20.00 _____
- () Non-Member.....\$95.00 _____
- () Non-Member Student and Emeritus.....School _____ \$25.00 _____

- **EXHIBITS ONLY PASS:** Includes onetime Exhibit Hall Entry and one meal\$ 20.00 _____
Circle ONE of the following Exhibit Times: Wed. Lunch Thurs. Lunch Fri. Lunch

- **INSTITUTIONAL PASS:** A 3-day pass which may be shared among employees of the same institution..... \$300.00
 Please fill out the Institutional Registration Information on the reverse side of this form.

LATE REGISTRATION (postmarked after May 1, 2009).....\$25.00 _____

FINAL TOTAL:Make Checks Payable to **CLCC**.....\$ _____

Circle only **one** breakout session from each group of sessions on the day(s) you will be attending (General Sessions are 1, 11, 21)

Wednesday, May 13	10:00 AM	2	3	4	1:30 PM	5	6	7	3:15 PM	8	9	10
Thursday, May 14	10:00 AM	12	13	14	1:30 PM	15	16	17	3:15 PM	18	19	20
Friday, May 15	10:00 AM	22	23	24	1:30 PM	25	26	27	3:15 PM	28	29	30

Mail the completed form and payment to: Shawna Dereemer, 3321 McComb Avenue, Cheyenne, WY, 82001

Questions call 307-637-5559 or email sdereemer@bresnan.net