



Registration Form
Academy of Clinical Laboratory Physicians & Scientists
45th Annual Meeting
Hosted by Vanderbilt University, Nashville, TN
Department of Pathology
June 3-5, 2010

Name: _____ Degree(s): _____
Institution/Program Affiliation: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
Special Accommodations (Please specify) _____

Registration Fees *

Young Investigator Award Winner	Fee Waived	
Full Meeting Registration	\$320	<input type="checkbox"/>
Late Registration (<u>received after May 3, 2010</u>)	\$380	<input type="checkbox"/>
Friday Morning Session Only	\$80	<input type="checkbox"/>
Friday Afternoon Session Only	\$80	<input type="checkbox"/>
Saturday Morning Session Only	\$80	<input type="checkbox"/>

Activities:

Thursday Evening Welcome Reception

Yes, I will attend No, I will not attend
Number of guests: _____ x \$45 / Guest = \$ _____ Guest name: _____

Friday Evening Awards Banquet

Yes, I will attend No, I will not attend
Number of guests: _____ x \$120 / Guest = \$ _____ Guest name: _____

Select Entrée for Friday Banquet: **Beef** **Fish** **Vegetarian**

Special Dietary Requirements (please specify): _____

Payment Information:

Check enclosed, payable to: Vanderbilt University Department of Pathology
Charge \$ _____ to my credit card
MasterCard Visa American Express
Cardholder's Name: _____ Zip code: _____
Credit card number: _____ Exp. Date: _____
Cardholder's Signature: _____

Please print and complete this form and return via fax, e-mail or US mail to:

Martha Miers
Fund Manager, Attention: ACLPS 2010
Vanderbilt University Medical Center – Department of Pathology
1161 21st Ave. S., C-2304 MCN
Nashville, TN 37232-2561
Email: martha.miers@vanderbilt.edu
Phone: 615-343-1546, Fax: 615-343-6406

Transportation

Taxis are readily available outside the baggage claim area of BNA airport and cost approximately \$25 for a one-way ride to the hotel.

Hotel

Hotel reservations should be made **before May 3, 2010** in order to receive the meeting room rate. Please mention the ACLPS group code “**ACL**” to receive the discounted rate of \$159/night.

Hilton Nashville Downtown
121 Fourth Avenue South
Nashville, TN 37201
Hilton Toll-Free Reservation 877-476-2426

Tel: 615-620-1000

Fax: 615-620-2175

<http://www.nashvillehilton.com>

Registration Fees Information*

Full meeting registration fee includes: course materials, breaks, breakfast and lunch on Friday and Saturday, Thursday's Welcome Reception and Friday's Awards Banquet.

If registration is cancelled prior to **May 3, 2010**, the registration fee is refundable, less a \$25 cancellation fee. Cancellations after **May 3, 2010** are not refundable.

This program will be approved for Continuing Medical Education and ACCENT credit.