

Texas Association for Clinical Laboratory Science - 2010 Annual Meeting – El Paso April 7-10

- Use this page for 3, 5 and 10- person institutional passes or use page 2 to register multiple students from one college or university.
- Please mail this form with payment to the following address: **Becky See - TACLS**
PO Box 50355
Amarillo, TX 79159
- **This form and check for payment must be post marked by March 31, 2010.**
- **Late or on-site registration will cost an additional \$50 per person.**
 (paid by check or Pay Pal)
- If paying by **purchase order** please contact Becky See before March 31. bsee@bloodsystems.org
- Refund requests must be received by March 31, 2010.
- Receipts will be in your registration packet at the conference.
- Please retain your receipt for reimbursement.

Please print legibly or type to ensure name badges are printed correctly.

Facility name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Email: _____

INSTITUTIONAL PASS RATES: 3-Person \$500, 5-Person \$800, 10-Person \$1000.

Attendees

First name	Last name	First name	Last name
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Please print legibly or type to ensure name badges are printed correctly.

University or College name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Email: _____

Person making payment (If different than contact): _____

Student names

Check one box per student:

First name	Last Name	ASCLS member no.	Student Full	Student Daily	Non-member Full	Non-member Daily
		Total student registrants each category:	X \$50	X \$25	X \$100	X \$50
		Sum of columns at right Total:				