**Individual Registration Form
Texas Association for Clinical Laboratory Science Annual Meeting – Granbury**

**April 10-12, 2024**

# *Please print legibly so your name badge is correct.*

**Name:**  **Employer or School:**

**Address:**

**City:**  **State:** \_\_\_\_\_\_ **Zip Code:**

## Phone: Cell:

**E-mail:**  **ASCLS member?**

**CIRCLE CHOICES**

|  |  |  |
| --- | --- | --- |
| **Registration Type** | **Early Registration by April 9, 2024\*** | **After April 9, 2024** *(add $50, students add $25)* |
| **Full\*\*** | 175. | 225. |
| **One Day\*\*** | 100. | 150. |
| **ASCLS Student Member Full** | 70. | 95. |
| **Non-member Student Full** | 100. | 125. |
| **Non-member Student Daily** | 90. | 115. |
| **Guest/Spouse** | 35. | 45. |
| **Institutional Passes!!!** *Please use the group registration form.*Reduced rates for employees of one lab, hospital, or education program. PACE credit for attendees of all scientific or general sessions. |

**\*To receive early registration rates your check must be post-marked by April 9, 2024 or register and pay online by April 9, 2024.**

**\*\*Current professional members of all laboratory associations pay the same registration fees, including: ASCLS, SWACM, SCABB, AACC, ASM, ASH, AGT, AMT, AABB, AAB and ASCP.
Proof of paid membership may be requested.**

 Make check or purchase order payable to TACLS.

Refund requests must be received by 04/09/2024 and will be processed after conference ends. Email request: gilbert.swink@gmail.com. Refunds requested after 04/09/2024 will not be processed.

**Email registration form to** **gilbert.swink@gmail.com**

**Mail forms and checks to:**

**TACLS c/o Luis G Swink**

**351 Musgrav**

**Kyle, TX 78640**