

Register by March 1 to save \$20 per workshop!

Register Online
www.ascp.org/workshops

Register by Phone
800.267.2727, option 2
(international 312.541.4890)
Monday-Friday
(8:00am-5:00pm CT)

Register by Fax
312.541.4472

Register by Mail
ASCP Workshops
3462 Eagle Way
Chicago, IL 60678-1034

EMEDIA

Include e-mail address(es), credit card information or a purchase order.

# of participants from my lab		By 3/1/2010 After 3/1/2010			
Wednesday, April 14	2510 Biomarkers of Disease: Tumor, Cardiac, and Diabetes	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
	5858 Hematology M & Ms: Maturation, Morphology, and Mystery	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
Thursday, April 15	9350 Optimizing Phlebotomy in Health Care	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
	7340 Clinical Microbiology – Review and Update	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
Friday, April 16	9389 Body Fluid Cellular Morphology	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
	9633 Method Validation and Quality Control	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
Saturday, April 17	5194 Flow Cytometry: the Essentials and Beyond	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
	5751 The Laboratory Response to Bleeding	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$
Sunday, April 18	6705 Molecular Diagnostics in the Clinical Laboratory	<input type="checkbox"/> ASCP Member	\$159	\$179	\$
	<input type="checkbox"/> Student \$0	<input type="checkbox"/> Non-Member	\$199	\$219	\$

Contact Information

Type or print the information requested, and include your name as it appears on your ASCP membership card, if applicable. Please include your e-mail address.

ASCP ID NUMBER _____ **PROMO CODE** _____
 Name _____
 Email (required) _____
 Institution _____
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Payment Information

Prepayment by check, credit card, or a purchase order is required in order to process your registration.

- Check enclosed (please make payable to ASCP)
- Purchase order number (please attach a copy of the purchase order)

Please charge to: Visa MasterCard AMEX



Account # _____ Expiration Date _____

Signature _____