



## XMRV – Chronic Fatigue Syndrome and the Blood Supply

**Program Date:** Friday, June 11, 2010  
**Program Time:** 12:00Noon - 1:15pm CT  
**Program Number:** TH0037X  
**CME/CMLE Credit Hours:** 1.0  
**Registration Deadline:** Thursday, June 10, 2010

Check here if you already registered by phone or fax.  
 You DO NOT have to confirm your registration by mail.

- Please type or print clearly. You may photocopy this form.
- Phone: 800.267.2727 option 2 (in Illinois: 312.541.4890)
- Fax: 312.541.4472

### STEP ONE: CONTACT INFORMATION

Seminar Manager Name \_\_\_\_\_  
 Institution Name \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email (required to receive dial-in instructions) \_\_\_\_\_  
 ASCP Member # \_\_\_\_\_

### STEP TWO: PAYMENT INFORMATION

*NOTE: Your registration cannot be processed without prepayment or an attached purchase order*

**PROGRAM REGISTRATION FEE - \$154**  
**(FEE INCLUDES AUDIO CD)**

Purchase order (must attach copy) P.O.# \_\_\_\_\_

Please charge to:  Visa  Mastercard  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

EMEDIA

TH0037X