

## Registration Terms and Conditions

Fees are listed for each category. To ensure adequate processing time, please postmark your registration by March 31, 2010. Handouts or lunch will not be guaranteed to on-site registrants.

Lunch is included in the registration fee for persons who are preregistered for **an AM and a PM session** on the same day. Lunch is not provided for registrants that sign up only for an AM or PM session or who register on-site.

### Attendance Categories

**Member:** Any person who is a current member in good standing of the American Society for Clinical Laboratory Science (ASCLS) or the American Medical Technologists (AMT). Please list your membership number in the appropriate space on the registration form. Anyone joining ASCLS and mailing both pages of the completed membership application with your registration form to Jeanne Johnson is eligible for member rates. Please include both pages of the membership application along with your check payable to ASCLS.

**Student:** A student is defined as any person who is engaged at least half-time in a recognized program leading to either an associate's or bachelor's degree in a clinical laboratory science or one who is in a recognized Clinical Laboratory Internship program.

**Phlebotomist:** A phlebotomist is defined as any person whose primary responsibility is phlebotomy. AMT's RMA are eligible for Phlebotomist Member fees.

**Payment:** Full payment in U.S. Dollars must accompany all registrations. Please submit a check for the appropriate payment according to the category that you qualify for. Those registrations without full payment will be held and the registrant notified. Checks must be made payable to "Spring Seminar." The bank will not accept checks made payable to any other name. The registration will not be processed until full payment made out to Spring Seminar is received in U.S. Dollars. No unpaid registrations or credit card registrations can be accepted.

The seminar committee reserves the right to limit registration and cancel any session prior to the seminar should circumstances make it necessary. If a session is cancelled, the registrant may attend another session or receive a refund. Otherwise, due to convention center and session expense obligations, NO REFUNDS are permitted.

### Registration Questions

For registration questions or information contact:

Jeanne M. Johnson  
10844 2nd Ave SW  
Seattle, WA 98146

Phone: 206-246-7081  
E-mail: j1953j@clearwire.net

NOTE: Phone calls will be returned either in the evening after 5:00 PM or on weekends. Be sure to include your day and evening phone numbers on the registration form on the following page.

If you wish to receive a confirmation, please include a self-addressed, stamped envelope. You may also request an emailed confirmation. Please write your email address clearly. Note that confirmations are only sent upon request and are not automatically sent for each registration.

2010 ASCLS-WA Spring Seminar  
 April 22 - 24, 2010  
 Lynnwood Convention Center  
 Lynnwood, Washington

Please Postmark by March 31, 2010

PLEASE PRINT AND SHOW NAME AS WANTED ON NAME TAG

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Institution \_\_\_\_\_  
 City/State \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Please circle sessions you wish to attend.**

<b>Thursday April 22</b>	<b>AM</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Alternative to session 4 if filled, session ____</b>
	<b>PM</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	
<b>Friday April 23</b>	<b>AM</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	
	<b>PM</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	
<b>Saturday April 24</b>	<b>AM</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
	<b>PM</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>21</b>

Would you be willing to serve as Moderator for any of the sessions you will be attending?  
 Please circle response.  
 Yes                      No

**ADVANCED REGISTRATION FEE SCHEDULE (All Full-Day Preregistration INCLUDE Lunch)**

<b>Member ASCLS or AMT</b> (Membership #: ASCLS _____ AMT _____)			
Technical/Administrative Professional			
Full Day . . . . .	_____ days	@ \$80.00	\$ _____
Half Day . . . . .	_____ half days	@ \$40.00	\$ _____
Phlebotomist/RMA/COLT			
Full Day . . . . .	_____ days	@ \$40.00	\$ _____
Half Day . . . . .	_____ half days	@ \$20.00	\$ _____
Student			
Full Day . . . . .	_____ days	@ \$40.00	\$ _____
Half Day . . . . .	_____ half days	@ \$20.00	\$ _____
<b>NonMember</b>			
Technical/Asministrative Professional			
Full Day . . . . .	_____ days	@ \$150.00	\$ _____
Half Day . . . . .	_____ half days	@ \$75.00	\$ _____
Phlebotomist			
Full Day . . . . .	_____ days	@ \$70.00	\$ _____
Half Day . . . . .	_____ half days	@ \$35.00	\$ _____
Student			
Full Day . . . . .	_____ days	@ \$40.00	\$ _____
Half Day . . . . .	_____ half days	@ \$20.00	\$ _____
Total . . . . .			\$ _____

Mail to: Jeanne M Johnson  
 10844 2nd Ave SW  
 Seattle, WA 98146

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