

## REGISTRATION FORM

Only EXHIBITS are included with Expo registration. Participation in educational sessions requires conference registration. Visit [meeting.aacc.org](http://meeting.aacc.org) for more information.  
 Note: Do not use this form for exhibit staff.

**BADGE INFORMATION** (form must be printed or typed in English) \*Required field

Source Code: 570350

MEMBER ID# \_\_\_\_\_ DEGREE \_\_\_\_\_

FIRST/GIVEN NAME\* \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST/FAMILY NAME\* \_\_\_\_\_

TITLE\* \_\_\_\_\_

INSTITUTION\* \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

STREET ADDRESS\* \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/PROVINCE\* \_\_\_\_\_ STATE \_\_\_\_\_

POSTAL CODE\* \_\_\_\_\_ COUNTRY\* \_\_\_\_\_

BUSINESS PHONE\* \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS\* \_\_\_\_\_

Email must be valid and unique as this is how you will log into the virtual platform.

**AACC communication options:** You will be automatically enrolled to receive mail and email based on AACC's standard privacy options unless you have previously modified your AACC communication settings. To view the AACC privacy policy and to modify your communication preferences, when you receive your receipt, log in to [aacc.org](http://aacc.org) and select "My Profile."

**EU and Canadian Residents:** If you are new to AACC, you will be automatically opted out. If you want to **opt in**, check the desired boxes:  AACC email  AACC mail

**Exhibitor communications: EXHIBITORS SUPPORT AACC'S ACTIVITIES, AND WE ENCOURAGE YOU TO SUPPORT THEIR EFFORTS.**

Exhibitors will send attendees information before and after the Expo via standard mail.  Please do not share my address with exhibitors.

You will have the opportunity to "Drop a Business Card" when visiting exhibitors online. This will include your contact information above. Cell phone numbers will not be shared. You may opt out of having your email address on this electronic business card.  Please do NOT encode my email address on my electronic business card.

**Registrations received by October 7, 2020 require payment of \$25 per person.**  
**Registrations received by November 13, 2020 require payment of \$30 per person.**  
**Registrations received after November 13, 2020 require payment of \$40 per person.**

THERE WILL BE NO CANCELLATIONS, REFUNDS OR TRANSFERS OF EXPO REGISTRATION FEES.

**Please note: The appropriate fee will be charged to your credit card based on the date of receipt of this form.**

Full payment of fees must accompany this form. We do not accept purchase orders.

Check enclosed (Make checks payable to AACC in U.S. dollars, payable through a U.S. bank.)  Company check  Personal check

American Express  MasterCard  VISA Card# \_\_\_\_\_ Expiration date (MM/YY): \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Billing address EXACTLY as it appears on your credit card statement

**1. Which best describes your organization's primary function?**

(Select the one that most closely matches yours)

- 01 Laboratory/Laboratory System
- 02 Hospital/Health System/Health Clinic
- 03 Community Health Center
- 04 Blood Center/Blood Bank
- 05 Diagnostics Company
- 06 Medical Device Company
- 07 Pharmaceutical Company
- 08 Pharmaceutical Research
- 09 Biotechnology Company
- 10 OEM Company
- 11 Distributor
- 12 Consulting Company
- 13 Laboratory Information Systems/Informatics Company
- 14 Investment Company/Industry Analyst
- 15 Contract Research Organization
- 16 Government Agency
- 17 Educational Institution
- 18 Non-profit Association
- 19 Retired from full-time employment
- 20 Other (please specify): \_\_\_\_\_

If you answered that you are primarily a Laboratory/Laboratory System, answer 2-6. If not, skip to question 7.

**2. Please select the type of laboratory that most closely matches yours**

- 01 University Hospital Laboratory
- 02 Managed Care/Coordinated Care Network/Healthcare System
- 03 State/County/Local Hospital Lab System
- 04 Clinical Laboratory
- 05 Private Hospital Laboratory
- 06 Independent Laboratory
- 07 Physician Office Laboratory
- 08 Veterans/Military Hospital Laboratory
- 09 Government/Public Health Laboratory
- 10 Commercial Laboratory
- 11 Reference Laboratory

- 12 Research Laboratory
- 13 Diagnostics Manufacturer Lab
- 14 Pharmaceutical Laboratory
- 15 Forensic Lab
- 16 Direct-to-Consumer Laboratory (pharmacy, retail, etc.)
- 17 Urgent Care Center Laboratory

If you answered Managed Care/Coordinated Care Network/Healthcare System in 2, please answer 3:

**3. How many sites are in your Coordinated Care Network?**

- 01 (1-5)
- 02 (6-10)
- 03 (11-15)
- 04 (16+)

**4. If you work in a hospital lab, how many beds are in your hospital?**

- 01 (0-199)
- 02 (200-399)
- 03 (400-599)
- 04 (600+)

**5. What are the functions of your lab?**

(Select all that apply)

- 01 Biochemistry
- 02 Blood Banking
- 03 Chemistry
- 04 Clinical Trials
- 05 Coagulation
- 06 Core Lab
- 07 Forensic Testing
- 08 Genetic Testing
- 09 Hematology
- 10 Immunology
- 11 Microbiology
- 12 Molecular Testing
- 13 Pediatric/Newborn Screening
- 14 Point-of-Care Testing
- 15 Toxicology
- 16 Transfusion Medicine
- 17 Veterinary Testing
- 18 Additional Functions (please specify): \_\_\_\_\_

**6. What role(s) do you play in the acquisition of systems and/or instruments for your lab?**

(Select all that apply)

- 01 Evaluate options for purchase
- 02 Recommend products
- 03 Participate in team evaluation
- 04 Assess product after purchase
- 05 Final selection
- 06 No role

**7. What is the highest degree (or equivalent) you hold?**

- 01 Doctoral Degree (PhD)
- 02 Medical Degree (MD)
- 03 MD and PhD
- 04 Master's Degree (MA/MS/MBA)
- 05 Bachelor's Degree (BA/BS/BSMT)
- 06 Nurse Practitioner
- 07 Physician Assistant
- 08 RN
- 09 LPN
- 10 JD
- 11 MBA and JD
- 12 PharmD
- 13 PharmD and PhD
- 14 Associate's Degree
- 15 High School Degree

**8. What is your primary job function?**

- 01 Lab Director/Assistant Director
- 02 Lab Manager
- 03 Scientific Director
- 04 Medical Director
- 05 Lab/Medical Technologist (Supervisory)/Lead Tech
- 06 Lab/Medical Technologist (Non-Supervisory)
- 07 President/VP/Other Executive
- 08 Pathologist
- 09 MD/Clinician
- 10 Nurse
- 11 Pharmacist
- 12 Hospital Administrator
- 13 Chief Medical Officer
- 14 Clinical Chemist
- 15 Point-of-Care Testing
- 16 Quality Assurance
- 17 Cytotechnologist

- 18 Lab Information Systems
- 19 Scientific Affairs
- 20 Research or Development Scientist/Engineer
- 21 Manufacturing/Operations
- 22 Marketing/Sales
- 23 Analyst
- 24 Regulatory Affairs
- 25 Educator
- 26 Student/Fellow
- 27 Consultant
- 28 Retired

**9. What is your age?**

- 01 (under 25)
- 02 (25-39)
- 03 (40-44)
- 04 (45-54)
- 05 (55-64)
- 06 (65-74)
- 07 (75 and over)
- 08 Prefer not to answer

**10. What is your gender?**

- 01 Male
- 02 Female
- 03 Prefer not to answer

**11. Which of the following best describes your business interests at this meeting?**

(Select one)

- 01 Evaluate/acquire lab products or services for the lab or practice
- 02 Market lab products or services
- 03 Evaluate OEM suppliers, distribution opportunities or technology licensing
- 04 Solicit OEM, distribution or other B2B collaborations
- 05 No product or business interest
- 06 Other (please specify): \_\_\_\_\_

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