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FIRST/GIVEN NAME* _____ MIDDLE NAME _____

LAST/FAMILY NAME* _____

TITLE* _____

INSTITUTION* _____

DEPARTMENT _____

STREET ADDRESS* _____

STREET ADDRESS _____

CITY/PROVINCE* _____ STATE _____

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REGISTRATIONS RECEIVED BY JUNE 11, 2020, REQUIRE PAYMENT OF \$40 PER PERSON.

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

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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

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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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