

20 | AACC ANNUAL SCIENTIFIC 20 | MEETING & CLINICAL LAB EXPO

DECEMBER 13 - 17 • VIRTUAL EVENT

SOURCE CODE: 573543

HOW TO REGISTER

- PRINT OR TYPE INFORMATION ON ALL PAGES.
- Make a copy of all pages for your files.
- Submit all 4 pages of this form.
- Include registrant name on all pages of the form.
- Full payment of all fees (in U.S. dollars payable through a U.S. Bank) must accompany this form for registration to be processed.
- For questions, call +1.508.743.8506.

**Deadlines: For best prices, register by October 7, 2020.
Advanced discount deadline is November 13, 2020.**



ONLINE meeting.aacc.org
(Credit card payments only)



MAIL AACC Customer Service
900 7th St NW Suite 400
Washington, DC 20001



FAX +1.202.887.5093 (Credit card payments only).
Fax copy will be considered original. To avoid
duplication, do not mail original.

*Credit card information cannot be accepted via email
due to security protocols.*

Personal Information Complete this information EXACTLY as you want it to appear on your badge. You will receive an email confirmation at the email listed within two weeks of receipt of this form and full payment.

I. PERSONAL INFORMATION (form must be printed or typed in English) *Required field

MEMBER ID# _____ DEGREE _____

FIRST/GIVEN NAME* _____ MIDDLE NAME _____

LAST/FAMILY NAME* _____

TITLE* _____

INSTITUTION* _____

DEPARTMENT _____

STREET ADDRESS* _____

STREET ADDRESS _____

CITY/PROVINCE* _____ STATE _____

POSTAL CODE* _____ COUNTRY* _____

Be sure to complete this information:

BUSINESS PHONE* _____ CELL PHONE _____

EMAIL ADDRESS* _____

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

Required. Your confirmation will be sent to the email address above. You can also send the confirmation/receipt to an alternate email below (e.g., your accounts payable department).

ALTERNATE EMAIL _____

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.

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

To view the AACC privacy policy and to modify your communication preferences, when you receive your receipt, log in to aacc.org and select "My Profile."

Check below to opt OUT of exhibitor communications. Exhibitors support AACC's activities, and we encourage you to support their efforts.

Please do NOT share my mailing address with 2020 AACC Clinical Lab Expo exhibiting companies.

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.



Better health through
laboratory medicine.

REGISTRANT'S NAME _____

II. YOUR INFORMATION

The following information MUST BE completed to process your application.

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):

CLS1. Do you hold a MLT, MT (ASCP), MLS, ASCP or C (ASCP) certification?

- Yes

II. MEMBERSHIP

If your AACC membership will expire before the last day of the meeting (December 17, 2020), then you must renew your membership when you register to be eligible for the member discount. Your renewed membership will be valid for one year from the date your payment is processed or one year from your current expiration date, whichever is later. You can find your current expiration date by logging on to your profile on aacc.org.

- Join AACC today (Professional membership \$244)
 Renew my membership (and current membership options)
 Renew my membership (and current membership options) **if** my current membership expires before December 17, 2020

REGISTRANT'S NAME _____

IV. CONFERENCE REGISTRATION FEES

Please check choice(s)

	EARLY Received by 10/7	ADVANCED Received by 11/13	STANDARD Received after 11/13
Full Virtual AACC Conference Registration			
<input type="checkbox"/> 01 AACC Member <i>(Professional, Professional Affiliate, Transitional, Express)*</i>	\$275	\$375	\$475
<input type="checkbox"/> 02 Non-Member	\$400	\$500	\$600
<input type="checkbox"/> 03 AACC Trainee Member	\$150	\$170	\$200
<input type="checkbox"/> 03 Trainee/Student Non-Member <i>Includes a one-year AACC Trainee Membership. Discounted fees are a benefit of membership. Proof of full-time trainee status required.</i>	\$190	\$210	\$240
<input type="checkbox"/> 04 AACC Emeritus Member	\$150	\$170	\$200
AACC University Only Virtual Registration			
<input type="checkbox"/> 05 (AACC University Only)	\$0	\$0	\$0

*The AACC Member registration fee includes access to the conference recording.
(See page 4.)

V. TICKETED SESSIONS

Tickets are not required unless you wish to attend a Roundtable or AACC University session. Only these ticketed sessions are displayed below. There will be a link to search all sessions in your confirmation email and on the AACC website.

Indicate your preference by session number

A. AACC University (190000 Series)

All sessions are held on Sunday, December 13. A conference registration is not required; only fees for individual sessions.

	EARLY Received by 10/7	ADVANCED Received by 11/13	STANDARD Received after 11/13
Half Day Session			
Member	\$85	\$125	\$150
Non-Member	\$120	\$170	\$200
Full Day Session			
Member	\$160	\$230	\$275
Non-Member	\$190	\$275	\$325

Sessions

Sunday Morning	Sunday Afternoon	Full Day
<input type="checkbox"/> 191004	<input type="checkbox"/> 192008	<input type="checkbox"/> 193019
<input type="checkbox"/> 191005	<input type="checkbox"/> 192009	
<input type="checkbox"/> 191006		

Total # of Sessions _____ Total \$ _____

B. Roundtable Sessions

\$25 each (AACC Member/Non-member)

Morning Sessions (40000 Series) Afternoon Sessions (50000 Series)

	1st Choice	2nd Choice	3rd Choice
MONDAY:	Morning: _____	_____	_____
	Afternoon: _____	_____	_____
TUESDAY:	Morning: _____	_____	_____
	Afternoon: _____	_____	_____
WEDNESDAY:	Morning: _____	_____	_____
	Afternoon: _____	_____	_____

Total # of Sessions _____ Total \$ _____

VI. SPECIAL EVENTS

91 SYCL Workshop and Mixer

Saturday, December 12, 2020 • AACC Member/Non-member: \$25

of Tickets _____ \$ _____

93 Lipoproteins and Vascular Diseases Division Poster Presentations and Lecture

Monday, December 14, 2020 • AACC Member/Non-member: \$0

of Tickets _____ \$ _____

94 Mass Spectacular hosted by the MSSS and Proteomics & Metabolomics Divisions

Tuesday, December 15, 2020 • AACC Member/Non-member: \$0

of Tickets _____ \$ _____

95 Nutrition Division Symposium

You Are What you Eat: Biomarkers of Dietary Intake and Nutrient Status

Tuesday, December 15, 2020 • AACC Member/Non-member: \$0

of Tickets _____ \$ _____

98 18th Annual Point-of-Care Coordinators Forum and CPOCT Division Business Meeting and Awards

Tuesday, December 15, 2020 • AACC Member/Non-member: \$0

of Tickets _____ \$ _____

96 AACC Academy Awards and Membership Meeting

Wednesday, December 16, 2020 • AACC Academy Fellows: \$0

of Tickets _____ \$ _____

Total # of Special Events _____ Total \$ _____

REGISTRANT'S NAME _____

VII. CONFERENCE RECORDING

Conference Recording 12635

The 2020 AACC Annual Scientific Meeting will be recorded. Access to the streaming content is available for purchase as an 11-month subscription that will commence in January 2021 and close at the end of November 2021. The content is made available as streaming content only and is not available for download. The recording will include audio and presentation slides from most of the scientific sessions. Roundtables will not be recorded. The conference recording is \$199 if purchased by 1:00 p.m. CST on December 17, 2020. After that, the price is \$299. The recording will be available approximately two weeks after the close of the meeting. AACC members purchasing a full conference registration will get access to the conference recording included at no extra charge.

VIII. PAYMENT INFORMATION

Membership Dues Section III
Join AACC (Professional membership \$244) \$ _____

Renew AACC Membership

- Renew AACC membership (and current options)*
- Renew my membership (and current membership options)* if my current membership expires before December 17, 2020.


*Amount charged will depend on your current member options.


Conference Fees	Section IV	\$ _____
AACC University	Section VA	\$ _____
Roundtable Sessions	Section VB	\$ _____
Special Events	Section VI	\$ _____
Conference Recording	Section VII	\$ _____
Total Payment Enclosed:		\$ _____

In the event that the total amount due is miscalculated on this form, we will automatically recalculate your registration fees and you will be charged accordingly.

Please submit all 4 pages of this form.

 **ONLINE** meeting.aacc.org
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 **MAIL** AAACC Customer Service
900 7th St NW Suite 400
Washington, DC 20001

 **FAX** +1.202.887.5093 (Credit card payments only).
Fax copy will be considered original. To avoid duplication, do not mail original.

Credit card information cannot be accepted via email due to security protocols.

You will receive an email confirmation letter within two weeks of receipt of your registration form with complete payment. All registrants may view and print a copy of their confirmation letter by logging into our website at aacc.org.

Deadline: Early registration ends November 13, 2020.

Full payment must accompany all orders. Purchase orders are not accepted.

- Check enclosed (payable to AACC, in U.S. dollars, through a U.S. bank only)
- Company check Personal check
- Wire transfer date sent _____ Sending bank _____

Routing Information:

Wells Fargo
Account # 80697524199232611
Routing # 121000248
Swift Code WFBIUS6S
(Please fax or mail registration form)

Credit Card: VISA MasterCard American Express

Card number _____

Expiration date (MM/YY) _____

Signature _____

Date _____

Cardholder's name _____

Billing address EXACTLY as it appears on your credit card statement



Convention Data Services (CDS) is the only authorized registration vendor for the 2020 AACC Annual Scientific Meeting & Clinical Lab Expo. If you are contacted by any company other than CDS regarding registration, please note that these companies are not authorized to represent AACC nor do they have access to registration.

Cancellation Policy: All Conference cancellations must be received in writing. Written cancellations received by November 13, 2020, will be permitted with no cancellation fee. No refunds will be granted after November 13, 2020. If a Conference registrant is unable to attend, the registration may be transferred to another person through November 13, 2020. Contact the Customer Service Center for details. No Conference registration transfers are permitted after November 13, 2020.

For AACC USE ONLY: Date Received _____ Check # _____ Check Amount _____