

# DIGITAL PASS SELECT REGISTRATION FORM

Source Code: 577446  
Promo Code: \_\_\_\_\_

## HOW TO REGISTER FOR DIGITAL PASS SELECT

- PRINT OR TYPE INFORMATION ON ALL PAGES.
- Make a copy of all pages for your files.
- Submit all 3 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.



### ONLINE

meeting.aacc.org  
(Credit card payments only)



### MAIL

AACC Customer Service  
900 Seventh Street, 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.*

**Deadline: Early registration discount ends July 29, 2021.  
Advanced discount deadline is September 24, 2021.**

**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 \_\_\_\_\_

(Please provide. Will be used only in case of emergency.)

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

*Email must be valid and unique as this is how you will log into the digital 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."*

### EXHIBITOR COMMUNICATIONS: EXHIBITORS SUPPORT AACC'S ACTIVITIES, AND WE ENCOURAGE YOU TO SUPPORT THEIR EFFORTS.

Even though there will not be a digital Expo, would you like to receive mail from our exhibitors?

Please do NOT share my mailing address with exhibitors.

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. If you'd like to hear from our exhibitors, which of the following best describes your business interests? (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):  
 \_\_\_\_\_

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

- 01 Yes  02 No

**13. If you'd like to hear from our exhibitors, which solutions will you seek? (Select all that apply)**

- 01 Contract Manufacturer  
 02 Diagnostic IT Solutions  
 03 Diagnostic Testing  
 04 Diagnostic Tools Manufacturer  
 05 Equipment Manufacturer  
 06 Lab Testing Services  
 07 Parts Supplier  
 08 Professional Organization  
 09 R&D  
 10 Reagents Distributor  
 11 Regulatory  
 12 Solutions Support  
 13 Subject Area (Cancer Markers, Cardiac Markers, Pharmacogenomics, Tumor Markers)  
 14 Supporting IT Solutions  
 15 Testing Compliance

**III. MEMBERSHIP**

If your AACC membership will expire before the last day of the meeting (September 30, 2021), 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](http://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 September 30, 2021

REGISTRANT'S NAME \_\_\_\_\_

**IV. DIGITAL PASS SELECT REGISTRATION FEES**

Please check choice(s)

	EARLY BIRD Received by 7/29	ADVANCED Received 7/30-9/24	STANDARD Or received after 9/24
<b>Digital Pass Select Conference Registration</b>			
<input type="checkbox"/> 01V AACC Member (Professional, Professional Affiliate, Transitional)*	\$300	\$400	\$500
<input type="checkbox"/> 01AV CSCC Member Promo Code Required	\$300	\$400	\$500
<input type="checkbox"/> 01EV AACC Express Member	\$600	\$700	\$800
<input type="checkbox"/> 02V Non-member	\$600	\$700	\$800
<input type="checkbox"/> 03V AACC Trainee Member	\$200	\$210	\$220
<input type="checkbox"/> 03V Trainee/Student Non-member Includes a one-year AACC Trainee Membership. Discounted fees are a benefit of membership. Proof of full-time trainee status required.	\$240	\$250	\$260
<input type="checkbox"/> 04V AACC Emeritus Member	\$200	\$210	\$220

**V. 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 September 30, 2021.

\*Amount charged will depend on your current member options.

**Conference Fees** Section IV \$ \_\_\_\_\_

**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.

OFFICIAL VENDOR

2021 AACC ANNUAL SCIENTIFIC MEETING + CLINICAL LAB EXPO

Convention Data Services (CDS) is the only authorized registration vendor for the 2021 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.

Please submit all 3 pages of this form.

-  **ONLINE** meeting.aacc.org  
(Credit card payments only)
-  **MAIL** AACC Customer Service  
900 Seventh Street, 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 meeting.aacc.org.

**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 \_\_\_\_\_

**Bank information is NEW this year!** Contact AACC Customer Service at custserv@aacc.org for NEW ACH and wire transfer information. (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

\_\_\_\_\_

\_\_\_\_\_

**Cancellation Policy:** All Digital Pass Select Conference cancellations and transfers must be received in writing. Written cancellations received by July 29, 2021, will be permitted with no cancellation fee. No refunds or transfers will be granted after July 29, 2021.

For AACC USE ONLY: Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_