

2021 AACC CLINICAL LAB EXPO

SEPTEMBER 28-30 • ALTANTA, GA USA

IN-PERSON REGISTRATION FORM

The exhibits are only taking place in-person in 2021. Only EXHIBITS are included with Expo registration. Participation in educational sessions requires conference registration. Visit meeting.aacc.org for more information. Note: Do not use this form for exhibit staff.

Personal Information Complete this information EXACTLY as you want it to appear on your badge. Names cannot exceed a total of 30 characters. U.S. badges will be sent by mail. If you don't receive it, please bring your confirmation and photo ID on site to receive your credentials.



Check here if you require special services. Please describe special services:

FOR THE LATEST INFORMATION ON AACC'S COVID SAFETY PLAN, VISIT meeting.aacc.org/about/covid19-safety-plan.

BADGE 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 _____

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

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Exhibitors will send attendees information before and after the Expo via standard mail.

Please do not share my mailing address with exhibitors.

Your mailing address, phone number, and email will be encoded on your badge. If you choose to have your badge scanned in the Exhibit Hall or at industry sponsored events, Exhibitors will use this information to contact you after the meeting. Cell phone numbers will not be shared.

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Registrations received by July 29, 2021, require payment of \$30 per person.

Registrations received between July 30, 2021 and September 24, 2021, require payment of \$40 per person.

Registrations received after September 24, 2021, require payment of \$50 per person.

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): _____

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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): _____

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

- 01 Yes
- 02 No

13. When visiting the Clinical Lab Expo 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

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