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

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

LAST/FAMILY NAME\* \_\_\_\_\_ PRONOUN \_\_\_\_\_  
(ex: she/her/hers)  Print my pronoun on my conference badge.

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

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

DEPARTMENT \_\_\_\_\_

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

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

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

POSTAL CODE\* \_\_\_\_\_ COUNTRY OR SPECIAL ADMINISTRATIVE REGION\* \_\_\_\_\_

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Please do not encode my email address on my badge.

**EXPO ONLY REGISTRATION**

REGISTRATIONS RECEIVED:	REQUIRE PAYMENT OF:
By June 8, 2023	\$25 per person
Between June 9 and July 21, 2023	\$30 per person
After July 21, 2023	\$35 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.

**There will be no cancellations, refunds or transfers of expo registration fees.**

Check enclosed (Make checks payable to AACCC in U.S. dollars, payable through a U.S. bank.)

Company check  Personal check

American Express  MasterCard  VISA

Card# \_\_\_\_\_ Exp. 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  03 Prefer not to answer

02 Female

**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

**14. 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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