2023 AACC ANNUAL SCIENTIFIC MEETING+ CLINICAL LAB EXPO

DIGITAL PASS SELECT REGISTRATION

JULY 23-27 | ANAHEIM, CA | USA

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.

Deadline: Early registration discount ends June 8, 2023.
Advanced discount deadline is July 21, 2023.

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.

Personal Information Complete this information EXACTLY as you want it to appear on your registration profile. You will receive a confirmation at the email listed below 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* _____ PRONOUN _____
(ex: she/her/hers)

INSTITUTION* _____

DEPARTMENT _____

STREET ADDRESS* _____

STREET ADDRESS _____

CITY/PROVINCE* _____ STATE _____

POSTAL CODE* _____ COUNTRY OR SPECIAL ADMINISTRATIVE REGION* _____

Be sure to complete this information:

BUSINESS PHONE* _____ CELL PHONE* _____
(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.

AACC

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 (July 27, 2023), 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 $254)

☐ Renew my membership (and current membership options)

☐ Renew my membership (and current membership options) ***if*** my current membership expires before July 27, 2023

REGISTRANT'S NAME _____

IV. DIGITAL PASS SELECT REGISTRATION FEES

Please check choice(s)

	EARLY Received by 6/8	ADVANCED Received 6/9-7/21	STANDARD Or received after 7/21
Digital Pass Select Conference Registration			
☐ 01V AACC Member *(Professional, Professional Affiliate, Transitional)**	$325	$430	$535
☐ 01EV AACC Express Member	$650	$760	$865
☐ 02V Non-member	$650	$760	$865
☐ 03V AACC Trainee Member	$215	$230	$240
☐ 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.*	$257	$272	$282
☐ 04V AACC Emeritus Member	$215	$230	$240

V. PAYMENT INFORMATION

Membership Dues Section III

Join AACC (Professional membership $254) $ _____

Renew AACC Membership

☐ Renew AACC membership (and current options)*

☐ Renew my membership (and current membership options)* ***if*** my current membership expires before July 27, 2023.

**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.

2023 AACC ANNUAL SCIENTIFIC MEETING+ CLINICAL LAB EXPO
OFFICIAL VENDOR

Convention Data Services (CDS) is the only authorized registration vendor for the 2023 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.

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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 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 _____

Contact AACC Customer Service at **custserv@aacc.org** for 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 6, 2023 will be permitted and will be assessed a $50 cancellation fee. No refunds or transfers will be granted after July 6, 2023.

For AACC USE ONLY: Date Received_____ Check #_____ Check Amount_____