# C:\Users\k201051\Desktop\ASCLS\LOGO.jpg

# **2018 ASCLS-Indiana Annual Meeting**

# **Attendee Registration**

Each attendee must fill out a registration form, but invoices and payment can be combined for groups.

Send this completed form and a check made out to **ASCLS-Indiana** to the following address:

ASCLS 2017 Meeting

PO Box 441104, Indianapolis, IN, 46244

If you need an invoice, we have included one on the website that you can download.

Due to catering preparation requirements, register by March 22 to receive lunch with your registration.

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What best describes your current position? (Place an ‘X’ to the right of your selection):**

Lab Professional \_\_\_\_ Lab Manager \_\_\_\_ Student \_\_\_\_ Educator \_\_\_\_ Other \_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of employment/education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ticket Type: Member ($100): \_\_\_\_\_\_ Standard Non-Member ($125): \_\_\_\_\_ Student ($25): \_\_\_\_\_**

**Will you require a vegetarian lunch? Yes \_\_\_\_\_**

**Would you like your contact information to be made available to exhibitors? (Yes/No) \_\_\_\_\_\_\_\_\_\_\_**

**Please indicate method of payment below by placing an ‘X’ to the right of your selection:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cash** **(Included with this form)** |  | **Check/Invoice****(Included with this form)** |  | **Invoice/Delayed****(Check will be mailed separately)** |  |

 **Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You will receive confirmation when registration and payment have been processed.

Additional questions? Please contact us at asclsindiana@gmail.com