

CLINICAL LABORATORY COLLABORATIVE CONFERENCE
 Sponsored by ASCLS-CO, ASCLS-WY, CACMLE & CLMA Centennial Chapter
April 10-11, 2014
Ramada Plaza and Conference Center, 10 E. 120th Ave, Northglenn, CO 80233

NAME (please print) _____

Mailing Address (circle one: home/ work) _____

City _____ State _____ Zip _____ e-mail _____

Employer _____ City/State _____

Job Title _____

Home Phone _____ Work Phone _____

Sponsoring Organization/s to which you belong: _____ Member # _____

MEMBERS: Please include proof of current ASCLS, CLMA or CACMLE membership status.

NON-MEMBERS: You may join one of the sponsoring organizations at this time to get the Member Discount for this conference. Download a membership application form on the organization's website, fill it out, attach to this registration form and enclose a **separate check** for the membership dues made out to the organization. Check out these websites:

www.ascls.org

www.cacmle.org

www.clma.org

- **2-DAY PACKAGE:** Includes all general sessions, all exhibits events, meals, and breakout sessions on Thurs. and Fri.

- () Member..... \$115.00 _____
- () Member - Student and Emeritus: School _____ \$ 40.00 _____
- () Non-Member..... \$ 180.00 _____
- () Non-Member Student: School _____ \$ 55.00 _____

- **ONE DAY PACKAGE:** Includes general session, exhibit events, meal, and breakout sessions for that day.

- () Member..... \$ 65.00 _____
- () Member - Student and Emeritus: School _____ \$ 25.00 _____
- () Non-Member..... \$ 95.00 _____
- () Non-Member Student: School _____ \$ 35.00 _____

- **LUNCH ONLY PASS:** Includes one-time Exhibit Hall Entry and one meal \$ 20.00 _____

Circle **ONE** of the following Exhibit Times: Thursday Lunch Friday Lunch

- **INSTITUTIONAL PASS:** A 2-day pass which may be shared among employees of the same institution.....

- **NOTE: Must complete Institutional Registration Form on back of this registration**

LATE REGISTRATION (postmarked after April 1, 2014)\$ 25.00 _____

FINAL TOTAL:Make Checks Payable to **CLCC 2014**.....\$ _____

Online Credit Card Registration available beginning February 1st at www.clcconline.org

Circle only **one** breakout session from each group of sessions on the day(s) you will be attending (**General Sessions are 1 and 14**)

Thursday, April 10	9:45 AM	2	3	4	1:00 PM	5	6	7	2:15 PM	8	9	10	3:30 PM	11	12	13
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Friday, April 11	10:15 AM	15	16	17	1:30 PM	18	19	20	2:45 PM	21	22	23	4:00 PM	24	25	26
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Enter Amount on Blank Lines

Mail the completed form and payment to: Karen Myers, CLCC 2014, CO Center for Medical Laboratory Science, 730 Potomac Street, Suite 102, Aurora, CO 80011. Questions call Karen at (720) 449-7451, or email Karen at: clcc@msudenver.edu