



NILA's 2015 Capitol Hill Day

Registration Form

IMPORTANT! Please provide your business and home zip codes so that we can schedule your Capitol Hill Day appointments.

Primary Contact:

Name _____ Laboratory _____

Business Zip Code _____ Home Zip Code _____

Mailing Address (check one): ☐ Home ☐ Work _____

Phone _____ Fax _____

Email _____

Additional name(s) of attendee(s) from your laboratory:

1. _____ Business Zip Code _____ Home Zip Code _____

2. _____ Business Zip Code _____ Home Zip Code _____

NILA Member Registration Fee

Primary Company Contact(s) - Up to two people individual(s) @ \$ 0.00 = \$ **FREE**

Additional Individuals from NILA member laboratory individual(s) @ \$ 0.00 = \$ **FREE**

Nonmembers individual(s) @ \$ 250.00 = \$ _____

NILA Membership \$ 1,000.00 = \$ _____

Join NILA and receive two **FREE** Registrations PLUS 16 months of membership for the price of 12 months.

Additional Executive Memberships individual(s) @ \$ 275.00 = \$ _____

TOTAL ENCLOSED \$

If you join NILA now, you can receive two free registrations and 16 months of membership for the price of 12 months.

However, you must register in advance so that we can arrange your individual meetings on Capitol Hill.

Please register as soon as possible to allow us ample time to schedule meetings with your Members of Congress.

NILA Membership Application

☐ **NILA Corporate Membership** (laboratories with annual revenues up to \$2 billion): \$1,000 per year. Includes two (2) individual laboratory executive members who are employees or owners of the corporate member.

☐ **Additional laboratory executives** from a NILA corporate member are eligible to join at the regular AAB membership rate of \$275 per person.

Please type or print the following contact information:

Laboratory _____

1st Individual Member _____

Mailing Address (check one): ☐ Home ☐ Work _____

Phone _____ Fax _____

Email _____

Job Duties: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO

☐ Other. Please specify: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO

Is your lab partially or fully owned by a lab with annual gross revenues of more than \$2 billion? ☐ YES Specify lab name: _____ ☐ NO

Signature _____

2nd Individual Member _____

Mailing Address (check one): ☐ Home ☐ Work _____

Phone _____ Fax _____

Email _____

Job Duties: ☐ President ☐ Vice President ☐ CEO ☐ COO ☐ CFO

☐ Other. Please specify: _____

Do you have any ownership interest in your laboratory? ☐ YES ☐ NO

Signature _____

Additional executives (in addition to the two listed above) from the same laboratory. Dues are \$275 per executive.

1. _____

2. _____

PAYMENT METHOD

☐ Check or money order payable to **NILA**. ☐ **Charge my:** ☐ AMEX ☐ MC ☐ VISA ☐ Discover

Credit Card # _____ Exp. Date ____/____/____ CVC _____

Name (please print as name appears on charge card)

Cardholder's signature (required to validate order)

Please return completed registration/application form and applicable payment to: NILA, 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, phone: 314-241-1445, fax: 314-241-1449, email: nila@nila-usa.org