



NILA's 2012 "Lab Leaders Forum" Registration Form

New NILA members attend **FREE!** Refer a NEW NILA member and attend **FREE!** One individual from each laboratory (new member lab & current member lab) receives a **FREE** registration.

NILA's 2012 "Lab Leaders Forum" Registration Form

Registration limited to current and new NILA Members

☐ **YES**, I will attend the January 12-13, 2012, NILA program.

☐ I am registering as a new NILA member
(Fill out membership application on the right)

☐ I am registering as a current NILA member

☐ I am registering as a current NILA member and I have sponsored the following new NILA member(s):

Laboratory _____

1st Individual Member _____

2nd Individual Member _____

Please print name(s) below of attendee(s) from your laboratory as they should appear on nametag(s):

1. _____

2. _____

3. _____

Please print spouse/guest name(s) as they should appear on nametag(s):

1. _____

2. _____

3. _____

Contact information for NILA meeting updates:

Your Name _____

Laboratory _____

Mailing Address (check one): ☐ Home ☐ Work

Phone () _____

Fax () _____

Email _____

NILA Membership Application

☐ **NILA Corporate Membership** (laboratories with annual revenues up to \$1 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 \$225 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 \$1 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 \$225 per executive.

1. _____

2. _____

"Lab Leaders Forum" Registration Fee individual(s) @ ..\$ 295.00 = \$ _____

Includes Seminars, Continental Breakfasts (1/12, 1/13), Lunch (1/12), and Breaks (1/12, 1/13)

Spouse/Guest Package individual(s) @ ..\$ 110.00 = \$ _____

Includes Continental Breakfasts (1/12, 1/13), Lunch (1/12), and Breaks (1/12, 1/13)

Alternatively, Spouses and Guests may purchase individual tickets as follows:

Continental Breakfasts - Thursday, January 12, and Friday, January 13 tickets @\$ 20.00 each = \$ _____

Lunch - Thursday, January 12 tickets @\$ 40.00 each = \$ _____

FREE "Lab Leaders Forum" Registration Fee for new NILA Members and Sponsors individual(s) @ ..\$ 0.00 = \$ **FREE**

☐ Individual from sponsoring lab ☐ Individual from new member lab

NILA Membership Fee @\$ 1,000.00 = \$ _____

Additional Executive Memberships individual(s) @ ..\$ 225.00 = \$ _____

PAYMENT METHOD

TOTAL ENCLOSED \$

☐ 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)