NILA's 2012 March on Washington
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) @ $ 225.00 = $_____

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) @ $ 225.00 = $_____

Registration includes lunch and breaks on Wednesday, November 14, and breakfast on Thursday, November 15.

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 by October 22, 2012, to allow us ample time to schedule meetings with your Members of Congress. You may register after October 22, but it may not allow us time to schedule meetings for you on Capitol Hill with your Members of Congress. We can get you into meetings, but not necessarily 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 $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 $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 $225 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.com