

Student Registration Form

2018 PER Review of Clinical Laboratory Disciplines

(Students must be enrolled in an accredited MT/MLT university/college program.)

Name (type or print) _____ AAB/AMS I.D. # _____

School/Facility _____ Mailing Address: Home Work

Address _____

City _____ State _____ Zip Code _____

Telephone # (_____) _____ Fax # (_____) _____

Email _____

Please print name(s) as they should appear on nametag(s) Your Name _____

Spouse/Guest _____ Children _____

Payment Method Enclosed is my check, payable to AAB. Please charge my MC VISA AMEX Discover

Credit Card # _____ Expiration Date ____/____ CVC _____

Card Verification Code

Print name as it appears on card Cardholder's signature

Register by April 27 and save up to \$50 off your registration.	On or Before April 27	After April 27
<input type="checkbox"/> Three-Day Review (Thursday, May 17-Saturday, May 19) \$225 Includes all lectures/handout materials, and coffee breaks scheduled May 17-19.		\$ 275 \$ _____
<input type="checkbox"/> Daily Thursday Review (Thursday, May 17)..... \$125 Includes all lectures/handout materials, and coffee breaks scheduled Thursday May 17.		\$ 150 \$ _____
<input type="checkbox"/> Daily Friday Review (Friday, May 18)..... \$125 Includes all lectures/handout materials, and coffee breaks scheduled Friday May 18.		\$ 150 \$ _____
<input type="checkbox"/> Daily Saturday Review (Saturday, May 19)..... \$ 55 Includes all lectures/handout materials, and coffee breaks scheduled Saturday May 19.		\$ 65 \$ _____
STUDENTS: Must include proof of enrollment in an accredited MT/MLT university/college program.		TOTAL ENCLOSED \$

HOW TO REGISTER

- Online: with a credit card at www.aab.org.
- Telephone: call (314)241-1445 with credit card information.
- Fax: fill out the registration form with credit card information and dial (314)241-1449.
- Mail: fill out the registration form and mail with applicable payment to: AAB 2018 Conference, 906 Olive, Suite 1200, St. Louis, MO 63101-1448.

CANCELLATION POLICY: Fees will be refunded in full for cancellations received at least four (4) weeks prior to the Conference. Cancellations received more than ten (10) days and less than four (4) weeks prior to the Conference will be subject to a \$50 charge. No refund will be made for cancellations received less than 10 days prior to the Conference. However, substitutions may be made at anytime. Refunds will not be processed until after the Conference.

Lunch Selection - Buffet luncheons, including soup/salads/entrees/sides, will be served on Thursday, May 17, and Friday, May 18. The buffet on both days includes gluten free and vegetarian options. Please notify Shannon Soos at the AAB office if you have other dietary restrictions. Call (314)241-1445 or email aab@aab.org.

Questions? Contact the AAB office by email: aab@aab.org or telephone: (314)241-1445.