## Registration Types & Events

### Registration

<table>
<thead>
<tr>
<th>Type</th>
<th>Full Conference</th>
<th>Guest/Spouse</th>
<th>Daily</th>
<th>Expo Only</th>
<th>No Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary Sessions 10000 Series</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Symposia 30000 Series</td>
<td>✔</td>
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<tr>
<td>Meet the Experts 60000 Series</td>
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<tr>
<td>Chair’s Invited Sessions 60000 Series</td>
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<tr>
<td>AACC University 190000 Series</td>
<td>✔️$</td>
<td>✗</td>
<td>✔</td>
<td>❌$</td>
<td>✗</td>
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<tr>
<td>Short Courses 70000 Series</td>
<td>✔️$</td>
<td>✗</td>
<td>✔</td>
<td>❌$</td>
<td>✗</td>
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<tr>
<td>Brown Bag Sessions 40000 Series morning 50000 Series afternoon</td>
<td>✔️$</td>
<td>✗</td>
<td>✔</td>
<td>❌$</td>
<td>✗</td>
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<tr>
<td>Special Events</td>
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<td>$</td>
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<td>Special Event Opening Mixer</td>
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<tr>
<td>Clinical Lab Expo Expo Only, Exhibit Hall</td>
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<tr>
<td>Lunch Wednesday and Thursday only in Exhibit Hall</td>
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<tr>
<td>Poster Sessions Abstracts</td>
<td>✔</td>
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<td>✔</td>
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<tr>
<td>Industry Workshops Hotel, Exhibit Hall</td>
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<td>OEM Lectures</td>
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<td>✔</td>
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</table>

- ✔ Included with registration type
- ❌ May NOT purchase ticket
- ✗ May NOT attend
- Ticket required
- May purchase ticket

**Note:** May purchase ticket for Expo Only, Exhibits Hall.
GENERAL POLICIES

- Each person attending must register.
- AACC permits individuals age 16 and 17 with a valid government issued photo ID to register for and attend the 2014 AACC Annual Meeting and Clinical Lab Expo, if accompanied by a registered adult. Children under 16 are not permitted on the exhibit floor or in the educational sessions at any time.

BADGES

- Badges will not be mailed.
- All registrants must show a valid government issued photo ID (driver’s license, passport, etc.) to pick up their badges at the convention center.
- Badges must be worn at all times while in the Convention Center and while attending AACC sponsored events.

TICKETED SESSIONS

- Ticketed sessions and events have limited seating and are sold on a first come, first served basis.
- Brown Bag Sessions are limited to 10 people per session. There can be no exceptions.
- There will be no wait list maintained for sold-out sessions.
- Registrants may not purchase more than one ticket to a single AACC University, Short Course or Brown Bag Session. Guests cannot be accommodated.

SPECIAL REGISTRATION TYPES

- **Poster Presenters:** In order to present your poster, you must have either a full conference registration or a daily conference registration for the day of your poster presentation.
- **AACC University:** Short Courses on Sunday require only the session fee; Sunday Daily registration is free.
- **Guest/spouse** registration is available only with the purchase of a full conference registration.
- Guest/spouse registrants are not eligible for continuing education credit.
- **Students** who are not current members of AACC: **
  - Discounted student registration fees are a benefit of AACC membership.
  - Student membership dues are $35 per calendar year and will be added to your registration fee.
  - Must provide proof of student status, e.g., a valid student ID or letter on letterhead from a professor.

REGISTRATION FEES

*Save $260 on your registration, join AACC today!

See page 16 for membership information. You may join at the same time as you register.

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>EARLY FEES</th>
<th>REGULAR FEES</th>
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<tbody>
<tr>
<td>Conference Registration</td>
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<tr>
<td>AACC/Member</td>
<td>$510</td>
<td>$635</td>
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<tr>
<td>Non-Member</td>
<td>$770</td>
<td>$895</td>
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<td>Student Including</td>
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<tr>
<td>2014 Membership</td>
<td>$195</td>
<td>$210</td>
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<tr>
<td>AACC Emeritus Member</td>
<td>$160</td>
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<td>Sunday Daily Registration</td>
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<tr>
<td>Daily Registration (Mon-Thurs)</td>
<td>$395/day</td>
<td>$455/day</td>
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<tr>
<td>Guest/Spouse</td>
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<td>AACC University and Short Courses</td>
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<td>MORNING:</td>
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<tr>
<td>Member</td>
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<td>Non-Member</td>
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<td>$230</td>
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<td>AFTERNOON:</td>
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<tr>
<td>Member</td>
<td>$210</td>
<td>$230</td>
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<td>Non-Member</td>
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<td>$285</td>
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<tr>
<td>Brown Bag Sessions</td>
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<tr>
<td>Member/Non-Member (meal is not included)</td>
<td>$25</td>
<td>$25</td>
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PAYMENT POLICY
• Full payment of all fees are required to register. AACC does not accept purchase orders.
• We accept Visa, MasterCard and American Express, wire transfers and checks (in U.S. dollars, drawn on a U.S. correspondent bank).
• To pay by wire transfer or check, you must print a registration form and follow the instructions on the form.
• Conference registration fees are based on membership status at time of registration.

CONFIRMATION
• You will receive a confirmation email within two weeks of receipt of your registration form and complete payment.
• All registrants may view their confirmation and print a receipt at www.aacc.org.

CANCELLATION POLICY
• There will be no cancellations, refunds or transfers of Expo Only registration fees.
• All Conference cancellations must be received in writing.
  - Written cancellations received by June 12, 2014 will be assessed a $50 processing fee.
  - No refunds will be granted after June 12, 2014.
• If a Conference registrant is unable to attend, the registration may be transferred to another person through June 12, 2014.
  - Contact the Customer Service Center for details.
  - No Conference registration transfers are permitted after June 12, 2014.

EXPO ONLY REGISTRATION
• To register for the Expo Only:
  - Register online at www.aacc.org/2014am.
  - Print an Expo Only registration form at www.aacc.org/2014am and fax or mail it according to the instructions on the form.
  - Call +1.508.743.8506.

HOW TO REGISTER
3 different ways

ONLINE Register at www.aacc.org/2014am
or PRINT the registration form at www.aacc.org/2014am and
+1 508.743.3639
Faxed form will be treated as an original. To avoid duplicate charges, do not also mail after faxing.

MAIL AACC Registration
c/o CDS
107 Waterhouse Rd.
Bourne, MA 02532

For questions about registration, call
+1.508.743.8506
## HOW TO REGISTER

- **PRINT OR TYPE INFORMATION ON ALL PAGES.**
- Make a copy of all pages for your files.
- Please submit all 4 pages of this form.
- Please include registrant name on all pages of the form.
- Full payment of all fees (in U.S. dollars payable through a U.S. Bank) must accompany this form for registration to be processed.
- For questions, call +1 508-743-8506.

**Deadline:** Early registration ends June 12, 2014.

### I. Personal Information

Complete this information **EXACTLY** as you want it to appear on your badge. You will receive an email confirmation at the email listed within two weeks of receipt of this form and full payment.

<table>
<thead>
<tr>
<th>AACC Member ID #</th>
<th>Degree</th>
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<tbody>
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| First/Given Name |                  |                  |                  |                  |                  |
|------------------|------------------|------------------|------------------|------------------|
|                  |                  |                  |                  |                  |

| Middle Name      |                  |                  |                  |                  |                  |
|------------------|------------------|------------------|------------------|------------------|
|                  |                  |                  |                  |                  |

| Last/Family Name |                  |                  |                  |                  |                  |
|------------------|------------------|------------------|------------------|------------------|
|                  |                  |                  |                  |                  |

| Institution      |                  |                  |                  |                  |                  |
|------------------|------------------|------------------|------------------|------------------|
|                  |                  |                  |                  |                  |

| Department       |                  |                  |                  |                  |                  |
|------------------|------------------|------------------|------------------|------------------|
|                  |                  |                  |                  |                  |

| Street Address   |                  |                  |                  |                  |                  |
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| Street Address   |                  |                  |                  |                  |                  |
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| City/Province    |                  |                  |                  |                  |                  |
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**Be sure to complete this information:**

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**Required.** Your confirmation will be sent to the email address above. You can also send the confirmation/receipt to an alternate email below (e.g. your accounts payable department).

<table>
<thead>
<tr>
<th>Alternate E-mail</th>
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</table>

You will be automatically enrolled to receive mail and email based on AACC’s standard privacy options, unless you have previously modified your communication settings. To view the AACC privacy policy and to modify your communication preferences, when you receive your receipt, login to www.aacc.org, click on Access YourAACC.org, and select update your profile.

**CHECK BELOW TO OPT OUT OF EXHIBITOR COMMUNICATIONS.** Exhibitors support AACC’s activities and we encourage you to support their efforts. Cell phone numbers will **NOT** be shared.

- Please do **NOT** encode my email address.
- Please do **NOT** share my mailing address with 2014 Annual Meeting exhibiting companies.
II. Your Information
The following information MUST BE completed to process your application.

A. What is the most important role you play in the acquisition of clinical lab, POC or POL systems?
   - [ ] A01 Final Selection in the lab
   - [ ] A02 Recommend products
   - [ ] A03 Evaluate options for purchase
   - [ ] A04 No role

B. What is your title/position? (select the choice that most closely reflects your title/position)
   - [ ] B01 President/VP/Other Executive
   - [ ] B02 Pathologist/Other MD
   - [ ] B03 Director/Assistant Director
   - [ ] B04 Lab Manager/Lab Administrator
   - [ ] B05 Chief Med Tech/Lab Supervisor
   - [ ] B06 POC/QA Coordinator
   - [ ] B07 Lab Technologist
   - [ ] B08 Buyer/Purchasing Agent
   - [ ] B09 Research or Development Scientist/Engineer
   - [ ] B10 Manufacturing/Operations
   - [ ] B11 Marketing/Sales/Analysts
   - [ ] B12 Clinical/Regulatory Affairs
   - [ ] B13 Educator
   - [ ] B14 Student/Fellow
   - [ ] B15 Other (please specify) ____________________________________________

C. Which best describes your organization’s primary function? (select one)
   - [ ] C01 Clinical Lab
   - [ ] C02 Group Purchasing Organization
   - [ ] C03 Government Agency
   - [ ] C04 Educational Institution
   - [ ] C05 IVD/Pharm/US/Biotech Company
   - [ ] C06 OEM Company
   - [ ] C07 Distributor/Lab Supplier
   - [ ] C08 Lab Consultant
   - [ ] C09 Industry Consultant
   - [ ] C10 Investment
   - [ ] C11 Other (please specify) ____________________________________________

D. If your organization is a laboratory, which best describes it? (select one)
   - [ ] D01 University
   - [ ] D02 State/County/Local Hospital
   - [ ] D03 Private Hospital
   - [ ] D04 Veterans/Military Hospital
   - [ ] D05 Government/Public Health Lab
   - [ ] D06 Commercial/Reference Lab
   - [ ] D07 Group Practice/POD
   - [ ] D08 Blood Center/Blood Bank
   - [ ] D09 Research Lab
   - [ ] D10 Pharmaceutical/IVD Manufacturer Lab
   - [ ] D11 Forensic Lab
   - [ ] D12 Veterinary Lab
   - [ ] D13 Other (please specify) ____________________________________________

E. If you work in a hospital lab, how many beds are in your hospital?
   - [ ] E01 (0-199)
   - [ ] E02 (200-399)
   - [ ] E03 (400-599)
   - [ ] E04 (600+)

F. What is the highest degree you hold?
   - [ ] F01 MD and PhD
   - [ ] F02 Medical Degree (MD)
   - [ ] F03 Doctoral Degree (PhD)
   - [ ] F04 Masters Degree (MA/MS/MBA)
   - [ ] F05 Bachelor’s Degree (BA/BS/BSMT)
   - [ ] F06 Other (please specify) ____________________________________________

G. Which of the following best describes your business interests at this meeting? (select one)
   - [ ] G01 Evaluate/acquire lab products or services for the lab or practice
   - [ ] G02 Market lab products or services
   - [ ] G03 Evaluate OEM supplies, distribution opportunities, or technology licensing
   - [ ] G04 Solicit OEM, distribution, or other B2B collaborations
   - [ ] G05 No product or business interest
   - [ ] G06 Other (please specify) ____________________________________________

H. What products/services are of interest to you? (check all that apply)
   - [ ] H01 Automation/Robotics
   - [ ] H02 Cancer Diagnostics/Markers
   - [ ] H03 Cardiac Diagnostics/Markers
   - [ ] H04 Chemistry
   - [ ] H05 Cholesterol/Lipids Testing
   - [ ] H06 Cytology/Histology
   - [ ] H07 Endocrine/Diabetes Testing
   - [ ] H08 Genomics/Proteomics
   - [ ] H09 Hematology/Hemostasis/Coagulation
   - [ ] H10 Immunology/Autoimmune Testing
   - [ ] H11 Microbiology/Infectious Diseases
   - [ ] H12 Molecular Diagnostics/Genetics
   - [ ] H13 OEM/R&D/B2B
   - [ ] H14 Pathology
   - [ ] H15 Reference Lab Services
   - [ ] H16 POCT/Patient Self-Testing
   - [ ] H17 Serology
   - [ ] H18 TDM/Toxicology
   - [ ] H19 Urinalysis
   - [ ] H20 Veterinary Testing Products

III. Conference Registration Fees
Please check choice(s)

<table>
<thead>
<tr>
<th>Full Conference Registration</th>
<th>Early Bird (received by 6/12/14)</th>
<th>Regular (received after 6/12/14)</th>
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<tbody>
<tr>
<td>A01 AACC Member</td>
<td>$510</td>
<td>$635</td>
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<tr>
<td>A02 Non-Member</td>
<td>$770</td>
<td>$895</td>
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<tr>
<td>A04 AACC Emeritus Member</td>
<td>$160</td>
<td>$175</td>
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<tr>
<td>A06 AACC Student Member</td>
<td>$160</td>
<td>$175</td>
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<tr>
<td>A07 AACC Student Including 2014 Membership</td>
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<thead>
<tr>
<th>Sunday Daily Registration</th>
<th>$0</th>
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<tr>
<td>05 Sunday</td>
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<thead>
<tr>
<th>Daily Registration</th>
<th>$395/day</th>
<th>$455/day</th>
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<tbody>
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<td>08 Wed</td>
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<tr>
<td>09 Thu</td>
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<tr>
<td>Spouse/Guest Registration</td>
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<tr>
<th>Last/Family Name</th>
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</thead>
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IV. Sessions
Indicate your preference by session number. Individuals registered as guest/spouse may not register for sessions or receive continuing education credits.

A. AACC University (190000 series)
   All courses held on Sunday, July 27. Conference registration is not required; only fees for individual courses.

   Morning Only: (Before June 12, 2014) $155 AACC Member/$210 Nonmember
   (After June 12, 2014) $175 AACC Member/$230 Nonmember

   Afternoon Only: (Before June 12, 2014) $210 AACC Member/$265 Nonmember
   (After June 12, 2014) $230 AACC Member/$285 Nonmember

   Sunday:
   Morning: 191001, 191002, 191003, 191004, 191005
   Afternoon: 192006, 192007, 192008, 192009, 192010, 192011, 192012

Total # of Sessions _____________________    Total $ _____________________
B. Symposia (30000 series)
No Charge; Please Check Choices.

Monday:
Morning: £32101  £32102  £32103  £32104  £32105
Afternoon: £32216  £32217  £32219  £32220

Tuesday:
Morning: £33101  £33102  £33103  £33104  £33105
Afternoon: £33216  £33217  £33219  £33220

Wednesday:
Morning: £34101  £34102  £34103  £34104  £34105
Afternoon: £34216  £34217  £34219  £34220

Thursday:
Morning: £35101  £35102  £35103  £35104  £35105

C. Short Courses (70000 series)
Morning and Mid-Day Short Courses:
(Before June 12, 2014) $155 AACC Member/$210 Nonmember
(After June 12, 2014) $175 AACC Member/$230 Nonmember

Afternoon Short Courses:
(Before June 12, 2014) $210 AACC Member/$265 Nonmember
(After June 12, 2014) $230 AACC Member/$285 Nonmember

Monday:
Morning: £72106  £72108  £72109  £72110  £72111
Afternoon: £72221  £72222  £72223  £72224  £72225

Tuesday:
Morning: £73106  £73107  £73108  £73109
Afternoon: £73217  £73218  £73219  £73220  £73221

Wednesday:
Morning: £74106  £74107  £74108  £74109
Afternoon: £74216  £74217  £74218  £74219  £74220

Total # of Sessions __________ Total $ ______________

D. Brown Bag Sessions
$25 each AACC Member/Non-Member. Meal is not included

Morning Sessions (40000 Series)  Afternoon Sessions (50000 Series)
1st Choice  2nd Choice  3rd Choice

Monday:
Morning: ____________  ____________  ____________
Afternoon: ____________  ____________  ____________

Tuesday:
Morning: ____________  ____________  ____________
Afternoon: ____________  ____________  ____________

Wednesday:
Morning: ____________  ____________  ____________
Afternoon: ____________  ____________  ____________

Total # of Sessions ____________ Total $ ______________

V. Special Events

9094 Opening Mixer — Sunday, July 27, 2014
(included with conference, Sunday daily and guest registration)
☐ Yes, I will attend.

9097 Skills for Success in Value-Based Healthcare: Demonstrating the Value of Lab Medicine, SYCL Workshop and Mixer
Saturday, July 26, 2014  AACC/Non-member: $30
# of tickets ___________________  $ ______________________

9168 19th Annual Management Sciences and Patient Safety Leadership Seminar: Using Automation to Achieve Six-Sigma Quality and Improve Patient Safety
Saturday, July 26, 2014  AACC/ASCLS member/non-member: $20
# of tickets ___________________  $ ______________________

9095 Current Topics in Cardiovascular Disease, Annual LVDD Dinner Meeting
Monday, July 28, 2014  Limited to the first 90 LVDD members: $50
# of tickets ___________________  $ ______________________

9167 International Lipoprotein Standardization Forum
Tuesday, July 29, 2014  Limited to the first 60 LVDD members: $40
# of tickets ___________________  $ ______________________

9165 Annual Nutrition Division Networking Seminar: Non-Alcoholic Fatty Liver Disease— A Silent Foe
Tuesday, July 29, 2014  AACC/ASCLS member/non-member: $20
# of tickets ___________________  $ ______________________

9096 NACB Awards Luncheon and Membership Meeting
Wednesday, July 30, 2014  NACB Fellows: $40
# of tickets ___________________  $ ______________________

9166 12th Annual Point-of-Care Coordinators Forum: CAP and TJC Considerations for Risk-Based QC Practices and Preparation Tips for POC Testing Programs
Thursday, July 31, 2014  AACC/ASCLS member/non-member: $20
# of tickets ___________________  $ ______________________

Total # of Special Events ____________ Total $ ______________
Registrant's Name: 

VI. Payment Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Section</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Conference Fees</td>
<td>III</td>
<td>$ ______</td>
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<tr>
<td>Guest/Spouse Fees</td>
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<td>$ ______</td>
</tr>
<tr>
<td>AACC 2014 Membership Dues</td>
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<td>AACC University</td>
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<td>$ ______</td>
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<tr>
<td>Short Courses</td>
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<td>$ ______</td>
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<tr>
<td>Roundtable Sessions</td>
<td>IV D</td>
<td>$ ______</td>
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<tr>
<td>Special Events</td>
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<td>$ ______</td>
</tr>
<tr>
<td>Travel Grant Donation</td>
<td></td>
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<tr>
<td>Total Payment Enclosed</td>
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<td>$ ______</td>
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In the event that the total amount due is miscalculated on this form, we will automatically recalculate your registration fees and you will be charged accordingly.

Full payment must accompany all orders. Purchase orders are not accepted.

☐ Check Enclosed (Payable to AACC, in U.S. Dollars, through a U.S. Bank Only)
   ☐ Company Check   ☐ Personal Check

☐ Wire Transfer Date Sent _____________ Sending Bank _____________

Routing Information:
   Wells Fargo
   Account #: 80697524199232611
   Routing #: 121000248
   Swift Code: WFBISUS6

(Please fax or mail registration form)

Credit Card:
   ☐ VISA   ☐ MasterCard   ☐ American Express

Card Number ________________________________ Expiration Date __/__/ __/__

Signature ________________________________ Date _____________

Card Holder's Name

Billing Address EXACTLY as it appears on your credit card statement

Deadline: Early Bird registration ends June 12, 2014.

Cancellation Policy

All Conference cancellations must be received in writing. Written cancellations received by June 12, 2014 will be assessed a $50 processing fee. No refunds will be granted after June 12, 2014. If a Conference registrant is unable to attend, the registration may be transferred to another person through June 12, 2014. Contact the Customer Service Center for details. No Conference registration transfers are permitted after June 12, 2014.

For AACC USE ONLY: Date Received: _______________ Check # ____________________ Check Amount ____________________

Please submit all 4 pages of this form.

Fax: +1 508-743-3639 (Credit card payments only). Fax copy will be considered original. To avoid duplication, do not mail original.

Mail: AACC Registration, c/o CDS
      107 Waterhouse Rd,
      Bourne, MA, 02532

Internet: www.aacc.org/2014am
(Credit card payments only).

You will receive an email confirmation letter within two weeks of receipt of your registration form with complete payment. All registrants may view and print a copy of their confirmation letter by logging into our website at www.aacc.org.

Badges will NOT be mailed prior to the meeting. You will be able to pick up your credentials at the convention center.

All individuals must show a government issued photo ID in order to pick up their badges and tickets.