

**CLINICAL LABORATORY COLLABORATIVE CONFERENCE**  
 Sponsored by ASCLS-CO, ASCLS-WY, CACMLE & CLMA Centennial Chapter  
**April 22-23, 2010**  
**Red Lion Hotel Denver-Central, 4040 Quebec Street, Denver, CO 80216**

NAME (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Job Title \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sponsoring Organization/s to which you belong: \_\_\_\_\_ Member # \_\_\_\_\_

MEMBERS: Please include proof of current ASCLS, CLMA or CACMLE membership.

NON-MEMBERS: You may join one of the sponsoring organizations at this time to get the Member Discount for this conference. Download a membership application form on the organization's website, fill it out, attach to this registration form and enclose a **separate check** for the membership dues made out to the organization. Check out these websites:

[www.ascls.org](http://www.ascls.org)                      [www.cacmle.org](http://www.cacmle.org)                      [www.clma.org](http://www.clma.org)

- **2-DAY PACKAGE:** Includes all general sessions, all exhibits events, meals, and breakout sessions on Thursday and Friday.

( ) Member ..... \$100.00 \_\_\_\_\_  
 ( ) Member - Student and Emeritus: School \_\_\_\_\_ \$ 30.00 \_\_\_\_\_  
 ( ) Non-Member ..... \$160.00 \_\_\_\_\_  
 ( ) Non-Member - Student and Emeritus: School \_\_\_\_\_ \$ 45.00 \_\_\_\_\_

- **ONE DAY PACKAGE:** Includes general session, exhibit events, meal, and breakout sessions for that day.

( ) Member ..... \$ 60.00 \_\_\_\_\_  
 ( ) Member - Student and Emeritus: School \_\_\_\_\_ \$ 20.00 \_\_\_\_\_  
 ( ) Non-Member ..... \$ 85.00 \_\_\_\_\_  
 ( ) Non-Member - Student and Emeritus: School \_\_\_\_\_ \$ 25.00 \_\_\_\_\_

- **EXHIBITS ONLY PASS:** Includes onetime Exhibit Hall Entry and one meal ..... \$ 20.00 \_\_\_\_\_

**Circle ONE** of the following Exhibit Times:              Thursday Lunch              Friday Lunch

- **INSTITUTIONAL PASS:** A 2-day pass which may be shared among employees of the same institution.....[Must complete Institutional Registration Form on back of this registration.]

Please fill out the Institutional Registration Information on the reverse side of this form.

**LATE REGISTRATION** (postmarked after April 9, 2010)... .....\$ 25.00 \_\_\_\_\_

**FINAL TOTAL:** .....Make Checks Payable to **CLCC**.....\$ \_\_\_\_\_

Circle only **one** breakout session from each group of sessions on the day(s) you will be attending (General Sessions are 1 and 11)

Thursday, April 22	10:00 AM	2	3	4	1:30 PM	5	6	7	3:00 PM	8	9	10
Friday, April 23	10:00 AM	12	13	14	1:30 PM	15	16	17	3:00 PM	18	19	20

**Mail the completed form and payment to: Shawna Dereemer, 3321 McComb Avenue, Cheyenne, WY, 82001**

**Questions call 307-286-0066 or email [sdereemer@bresnan.net](mailto:sdereemer@bresnan.net)**

**Enter Amount on Blank Lines**