

# 34th Annual NSH Symposium/Convention Registration Form



**NATIONAL SOCIETY FOR HISTOTECHNOLOGY**  
 10320 Little Patuxent Parkway, Suite 804, Columbia, MD 21044  
 443.535.4060 FAX: 443-535-4055 WEB: www.nsh.org

Source: REGPROG

## STEP 1: CONTACT INFORMATION

Name: \_\_\_\_\_ BADGE NAME: \_\_\_\_\_

Company: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

State Histology License Number (if applicable) \_\_\_\_\_

## STEP 2: REGISTRATION TYPE

Member (\$35)     Non Member (\$95)     \*Student (\$35 - Discounted Workshop Fees)

\*Name of School: \_\_\_\_\_

\*Program Director/Supervisor Name: \_\_\_\_\_

## STEP 3: ATTENDEE DEMOGRAPHICS

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year Entered Profession: \_\_\_\_\_ Gender:  Female  Male

First Time Attendee:  Yes  No I am a Manager/Supervisor:  Yes  No

I participate in purchasing decisions for my lab:  Yes  No

### Check All Applicable Boxes:

HT (ASCP)     HTL (ASCP)     MT (ASCP)     CT (ASCP)     QIHC (ASCP)  
 RT     ART     MLT     NOT CERTIFIED     OTHER \_\_\_\_\_

### Education:

AA     BA/BS     MA/MS     PHD     MD     DVM     OTHER \_\_\_\_\_

### Professional Category (Please Check One):

Clinical - University     Clinical - Hospital     Clinical - Private Lab     Veterinary     Research     Industrial

## STEP 4: CONVENTION COMMITTEE VOLUNTEER

**YES, I Am Interested In:**     Career Day Assistant     Ambassador     Convention Assistant

*Workshop Selections and Payment on Next Page!*

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Attendee Name: \_\_\_\_\_

**STEP 5: WORKSHOP SELECTION**

Please indicate your 1st, 2nd & 3rd choice by writing the Workshop Number in the appropriate time slot on the Workshop Selection Chart below. NSH Staff will do our best to assign you the workshops of your choice however workshops are assigned on a first come, first serve basis and therefore your 2nd & 3rd choices are very important. Clinical & VIR Seminars are included in your registration fee and do not require preregistration.

**WORKSHOP SELECTION CHART**

	Saturday Sept. 13	Sunday Sept. 14	Monday Sept. 15	Tuesday Sept. 16	Wednesday Sept. 17
All Day Workshops	1st _____ 2nd _____ 3rd _____	No all day workshops Int'l & Culling Lectures	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____
Morning Workshops	1st _____ 2nd _____ 3rd _____	No morning workshops Int'l & Culling Lectures	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____
Afternoon Workshops	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____	1st _____ 2nd _____ 3rd _____
IHC Forum				<input type="checkbox"/> Yes, I would like to attend	

**STEP 6: PAYMENT INFORMATION** *(Your Registration Will Not Be Processed Without Full Payment)*

Registration Fee	\$ _____
Total Workshop Fees	\$ _____
IHC Forum (\$115)	\$ _____
_____ Banquet Ticket(S) x \$35.00	\$ _____
<b>GRAND TOTAL DUE</b>	<b>\$ _____</b>

**CONVENTION FEES**  
**Registration Fee:** \$35.00 / \$95.00  
 (\$70.00 / \$130.00 after August 15, 2008)  
**Banquet Ticket:** \$35.00  
**Workshop Fees:**

Type of Workshop	Professional Rate	Student Rate
1/2 Day	\$40.00	\$20.00
Full Day	\$80.00	\$40.00

**PAYMENT METHOD (US FUNDS ONLY):**

- A check for the total amount due payable to "NSH" is included with this registration form.
- A money order for the total amount.
- A full executed Purchase Order with NSH listed as the Vendor is included with this registration form. (NSH Tax ID #52-1111284)
- Please charge my Visa, MasterCard or American Express for the Total Due listed above.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

**STEP 7: REGISTRATION POLICY** *(your registration will not be processed without this signature)*

I agree to all of the NSH registration policies listed in this Registration Program.

\_\_\_\_\_  
Signature/Date

**STEP 8: SUBMIT YOUR REGISTRATION!**

**Fax:** 443-535-4055      **Mail:** NSH, 10320 Little Patuxent Pkwy, Suite 804, Columbia MD 21044