

ASHI 39th Annual Meeting Registration Form

****THE DEADLINE FOR ADVANCED REGISTRATION IS OCTOBER 18, 2013****

Please type or print clearly

First Name: _____ Last (Family) Name: _____ Institution/Affiliation: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

EARNED DEGREE

☐ MD ☐ PhD ☐ MA ☐ BS ☐ Other (please specify): _____

POSITION

☐ Director ☐ Technologist ☐ Supervisor ☐ PI ☐ Other (please specify): _____

PRIMARY EMPHASIS

☐ Clinical Science ☐ Basic Science ☐ Attending Physician/Surgeon ☐ Other (please specify): _____

SPECIAL NEEDS

☐ Please check here if you require special attention to fully participate. ASHI fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. Indicate Requirement: _____

OPT-OUT

☐ The e-mail address and phone number provided will be encoded in a bar code on your badge. Allowing exhibitors to scan your badge grants them access to your contact information. Check the box if you do not want your contact information included in the pre and post registration lists sent to exhibitors.

REGISTRATION FEES

Membership Identification Number: _____

Registration fees quoted are in U.S. dollars

	Early (by 10/18)	Regular (after 10/18)
Member	\$465	\$515
Non-member	\$600	\$650
Student/Fellows#	\$280	\$330
Single Day Member	\$235	\$285
<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th		
Single Day Non-Member	\$365	\$410
<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th		
Guest **	\$175	\$220

Guest First Name: _____

Guest Last (Family) Name: _____

Students and fellows must send a letter from their supervisor certifying status to Julie DiCarlo at jdicarlo@ahint.com.

**Guests may attend the Welcome Reception and Poster Reception only. Guests are not able to access the Exhibit Hall or scientific programming.

2014 MEMBERSHIP DUES

If you would like to prepay your 2014 membership dues, please check the appropriate box below:

- | | |
|---|--|
| <input type="checkbox"/> Full Member/Non-Doctoral \$100 | <input type="checkbox"/> Sustaining Full Non-Doctoral \$205 |
| <input type="checkbox"/> International Associate \$40 | <input type="checkbox"/> Technologist \$40 |
| <input type="checkbox"/> Full Member/Doctoral \$126 | <input type="checkbox"/> Sustaining Institutional Member \$1,155 |
| <input type="checkbox"/> Institutional Member \$630 | <input type="checkbox"/> Student/Fellow \$40 |
| <input type="checkbox"/> Sustaining Full Doctoral \$230 | <input type="checkbox"/> Emeritus \$53 |
| | <input type="checkbox"/> Affiliate \$50 |

2014 member dues subtotal \$ _____

(Membership includes Human Immunology online version.
For print version of Human Immunology, add \$30)

Membership categories are subject to approval

ASHI's Run for a Life 5k Fun Run/Walk

Sunday, November 17th from 7:00 am - 9:00 am

\$25 per person

Number of tickets _____ at \$ _____ = \$ _____

ASHI Night Out: Second City's 101st Revue

Wednesday, November 20th from 8:00 pm - Closing

This event is not included in annual registration fees.

\$45 per person (includes entrance fee, and 1 drink and snack package; dinner not provided)

Number of tickets _____ at \$ _____ = \$ _____

To assist organizers, kindly indicate which events you plan to attend. On-site changes are permitted.

- | | |
|--|-----------|
| <input type="checkbox"/> Welcome Reception | Sunday |
| <input type="checkbox"/> Workshop 1 | Monday |
| <input type="checkbox"/> Workshop 2 | Monday |
| <input type="checkbox"/> Workshop 3 | Monday |
| <input type="checkbox"/> Exhibit/Poster Reception | Monday |
| <input type="checkbox"/> Workshop 4 | Tuesday |
| <input type="checkbox"/> Workshop 5 | Tuesday |
| <input type="checkbox"/> Workshop 6 | Tuesday |
| <input type="checkbox"/> Joint Directors' & Technologists' Forum | Tuesday |
| <input type="checkbox"/> Workshop 7 | Wednesday |
| <input type="checkbox"/> Workshop 8 | Wednesday |
| <input type="checkbox"/> Workshop 9 | Wednesday |

CANCELLATION/REFUNDS

To cancel your registration and receive a refund, a written request must be received in the ASHI office by October 18. Cancellation requests received by this date will receive a full refund less a \$75 processing fee. All requests will be processed after the meeting. No refunds will be issued for requests received after October 18.

PAYMENT INFORMATION

TOTAL DUE: _____

☐ Check (made payable to ASHI, drawn on U.S. bank in U.S. dollars)

☐ Wire transfer (must be in U.S. dollars, including \$25 bank transfer fee)

Credit Card ☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____

Expiration date: _____

Signature: _____

Cardholder's name: _____

THREE WAYS TO REGISTER: Internet: www.ashi-hla.org • Fax: 877-716-6404 • Mail: ASHI, 15000 Commerce Pkwy, Suite C, Mount Laurel, NJ 08054