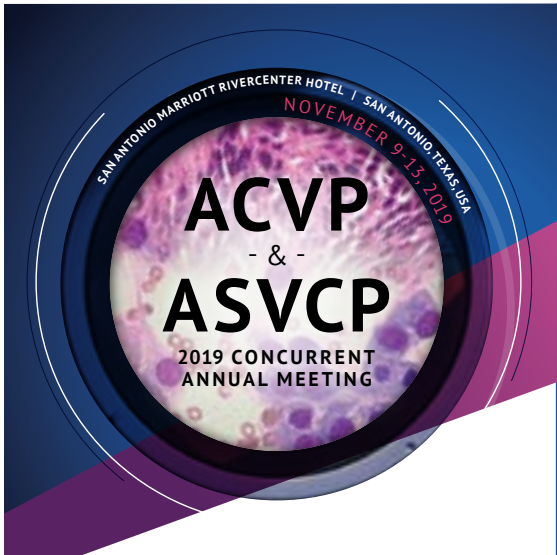


REGISTRATION FORM

2019 ACVP & ASVCP Concurrent Annual Meeting



2019 Registration Form

Please complete all items on this registration form. Type or print legibly. Keep one copy of this completed form for your records. Save money by registering on or before **October 9, 2019!** All fees are quoted in U.S. dollars.

Choose to register one of three ways:

1. **ONLINE:** Register at: www.acvp.org.
2. **FAX:** Send your registration form with credit card payment to +1-608-443-2474 or +1-608-443-2478.
3. **MAIL:** Post your registration form with credit card or check payment to the ACVP/ASVCP Registrar, 2424 American Lane, Madison, WI 53704, USA.

Additional Instructions:

- Complete one form per registrant.
- Registration by telephone will not be accepted.
- Payment must accompany each registration form.

Registration Confirmation:

Online registrations will be confirmed within 24 hours of receipt. If you register by mail or fax, you will receive a confirmation within two weeks. If you do not receive one, please call the ACVP Office at +1-608-443-2466, ext. 144, to verify that your registration form was received.

Cancellation Policy:

Any cancellations must be made in writing directly to ACVP/ASVCP. If received on or before October 25, 2019, a \$50 administrative fee will apply. After October 25, 2019, no refund will be given. Walk-ins and replacements are always welcome.

Contact and Badge Information

First Name _____ MI _____

Last Name _____ Degree _____

Nickname for Badge (if applicable): _____

Place of Employment _____

City, State/Province, Country _____

Daytime Telephone Number _____

Email Address _____
(Your registration confirmation will be sent to the email address above. Please print clearly!)

General Information

Type of Employment (check one)

Academia Government (local, state, federal) Industry/Pharmaceutical

Private Diagnostic Laboratory Private Practice Other: _____

Please provide a contact name and phone number (of a close relative or friend) in case of emergency:

Name: _____

Daytime Telephone Number: _____

Please check if you need special assistance. *(A staff member will contact you for more details.)*

Membership

I am a member of (check all that apply):

ACVP ASIP ASVCP ECVP ESVCP JCVP STP I am registering as a non-member.

2019 Registration Fees

All registration fees are quoted in U.S. dollars.

	On or Before Oct. 9	After Oct. 9
<input type="checkbox"/> Member <i>(Includes ACVP, ASIP, ASVCP, ECVP, ESVCP, JCVP, and STP members, technicians, and technologists.)</i>	\$550	\$625
<input type="checkbox"/> Non-Member	\$725	\$775
<input type="checkbox"/> Emerging Nation Member/Non-Member <i>A resident of a country identified by the World Bank as lower or middle income.</i>	\$130	\$130
<input type="checkbox"/> Resident/Fellow/Graduate Student/Interns <i>(Registration for residents, fellows, and graduate students must be accompanied by a letter of verification from their department.)</i>	\$175	\$175
<input type="checkbox"/> Medical Laboratory Technologists/Veterinary Laboratory Professionals/Staff	\$200	\$200
<input type="checkbox"/> Emeritus/Honorary Member	\$300	\$300
<input type="checkbox"/> Student <i>(Professional students must provide a letter accompanying their registration form from their university attesting to their student status.)</i>	\$75	\$75
<input type="checkbox"/> One-Day Registration Please check the date of attendance: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed.	\$400	\$450
<input type="checkbox"/> Guest* Full Name(s) of Guest: _____	\$85	\$95

*Guest tickets allow the individual to attend the Opening Reception and the Presidential Reception only. Should an individual wish to attend any of the scientific sessions, he or she should register as an attendee.

Continuing Education Credits

Check the box below to obtain AAVSB RACE credits. The cost for credits is included in the registration fee. The number of hours awarded will be posted in October. An email confirmation of credits will be sent to each person after the meeting.

Yes, I would like to register for RACE Credits.

ACVP Community Service Activity

Monday, November 11 from 12:00 noon-1:30 p.m. Flex your ACVP member muscles by joining the Member Relations Committee to assemble hygiene kits for San Antonio area residents in need. Visit www.acvp.org for more information.

Yes, I will participate in the Community Service Activity on Monday, November 11.



2019 ACVP & ASVCP Concurrent Annual Meeting • November 9-13, 2019 • San Antonio, TX

Pre-Meeting Workshop Registration (workshops are available at a separate fee)

Choose the workshop you are interested in attending and include the appropriate payment:

- ACVP Pre-Meeting Workshop: Emerging Topics and Trends in Mouse Models of Immunology and Immunotherapies**
Saturday, November 9, 2019, 8:00 a.m.-5:00 p.m.
- ACVP Pre-Meeting Workshop: Back to Basics: A Primer on NHP Pathology**
Saturday, November 9, 2019, 8:00 a.m.-5:00 p.m.
- C.L. Davis-Thompson Foundation Pre-Meeting Workshop: Skin and Mammary Tumors: Standardization and Simplification**
Saturday, November 9, 2019, 8:00 a.m.-5:00 p.m.

	On or Before October 9	After October 9
<input type="checkbox"/> Member	\$275	\$300
<input type="checkbox"/> Non-Member	\$350	\$375
<input type="checkbox"/> Med Lab Techs/Vet Lab Professionals/Staff	\$150	\$175
<input type="checkbox"/> Resident, Graduate Student	\$150	\$175
<input type="checkbox"/> Student**	\$110	\$135

- ASVCP Pre-Meeting Workshop: Comparative Bone Marrow Hematopathology**
Saturday, November 9, 2019, 8:00 a.m.-5:00 p.m.

	On or Before October 9	After October 9
<input type="checkbox"/> Member	\$275	\$300
<input type="checkbox"/> Non-Member	\$350	\$375
<input type="checkbox"/> Med Lab Techs/Vet Lab Professionals/Staff	\$110	\$135
<input type="checkbox"/> Resident, Student	\$110	\$135

Speed Networking Event

Sunday, November 10, 2019 7:30 p.m.-8:45 p.m.

COMPLIMENTARY - REGISTRATION REQUIRED

Expand your professional network across career stages and work environments. The event allows for time to share both in randomly assigned pairs and unstructured networking. Attendance is limited and available in order of registration. The networking event is free and will provide an opportunity to build professional relationships. The number of attendees is limited to allow an intimate atmosphere. Attendees will be leveraged to represent variable career stages in industry, academia and CRO.

- Yes, I would like to register to attend the speed networking event.

President's Reception

The registration fee and the registered spouse/guest fee each include one ticket to the President's Reception. Tickets for unregistered guests are \$75 each. There is no cost for children 11 years or younger.

- Yes, I will be attending the President's Reception.
- No, I will not be attending the President's Reception.
- My registered spouse/guest will attend the President's Reception.
- Yes, I am interested in purchasing additional tickets to the President's Reception:

President's Reception:

Number of tickets _____ X \$75 (over 11 years of age) = _____

Give to ACVP

Your gift provides life-changing experiences to ensure excellence in veterinary pathology. Select the fund and gift amount, and add the amount to the payment area.

- ACVP Research and Education Endowment Fund
 - ACVP Wendy Coe Memorial Graduate Student/Resident Travel Award
- Check one: \$100 \$50 \$25 Other: _____

Give to the ASVCP Share the Future Campaign

Share the Future supports clinical pathology resident travel awards, research awards, and outreach efforts.

Check one: \$100 \$50 \$25 Other: _____

Veterans Day on November 10

In honor of Veterans Day, ACVP would like to recognize our active and past military personnel. If you are willing to participate, please answer the questions below:

- Are you actively serving in the military? Yes No
- Have you previously served in the military? Yes No
- Branch of military service: _____
- Rank: _____

ACVP 2019-20 Membership Renewal

Membership dues are current for January 1, 2019-June 30, 2020. Contact the ACVP Executive Office with any questions at +1-608-443-2466, ext. 144 or info@acvp.org

ASVCP Membership Renewal

Renew your membership in ASVCP by checking your membership fee below:

- Regular Member \$165
- Medical or Veterinary Laboratory Technologist \$ 90
- Graduate/Student/Intern/Resident \$ 90
- Veterinary Medical and Undergraduate Student \$ 25
- Emerging Nations Member \$ 25

If you have specific questions, please contact the ASVCP Office at +1-608-443-2479.

Data Privacy Statement

ACVP's Privacy Policy complies with the EU's GDPR. Visit https://www.acvp.org/page/Privacy_Policy.

Attendee Type

Which of the following best describes you?

- Pathologist - Anatomic
- Pathologist - Clinical
- Intern - Anatomic
- Intern - Clinical
- Resident - Anatomic
- Resident - Clinical
- Veterinary Student
- Medical Lab Technologist
- Vet Lab Technologist
- ACVP Emeritus Mmbr.
- ASVCP Life Mmbr.

Payment

Registration Fee Total	\$ _____
Guest Fee	\$ _____
Pre-Meeting Workshop Total	\$ _____
Additional President's Reception Ticket(s)	\$ _____
Contribution to ACVP Funds	\$ _____
Contribution to ASVCP Share the Future	\$ _____
ASVCP Membership Renewal	\$ _____
Grand Total (Include this amount with your registration form)	\$ _____

Registration forms not including the proper registration payment will be returned immediately. Do not send cash.

- Check (made payable in U.S. funds, drawn on a U.S. bank to ACVP or ASVCP)
- MasterCard/Visa/American Express

Card Number: _____

Expiration Date: _____

CVV Code: _____

Card Holder Name (please print): _____

Card Holder Signature: _____

Complete **all pages** of this registration form. If you are mailing or faxing this form with payment, please send to:

ACVP/ASVCP Registrar
2424 American Lane
Madison, WI 53704 USA
Fax: +1-608-443-2474 or +1-608-443-2478



For more ACVP information: +1-608-443-2466, registrar@acvp.org Visit: www.acvp.org

For more ASVCP information: +1-608-443-2479, info@asvcp.org Visit: www.asvcp.org