

**SOUTH CENTRAL ASSOCIATION FOR CLINICAL MICROBIOLOGY  
PROGRAM REGISTRATION**

*IMPORTANT: For your name badge, PRINT below, your name, affiliation, address, and telephone number.*

Name: \_\_\_\_\_ Hospital/Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  Home  
 Work  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

STATUS	*****	PRE-REGISTRATION RATES (before April 1, 2008)		AT-DOOR REGISTRATION RATES (after April 1, 2008)	
		FULL SESSION or FRI Only	SAT. ONLY	FULL SESSION or FRI Only	SAT. ONLY
Members *		<input type="checkbox"/> \$60	<input type="checkbox"/> \$40	<input type="checkbox"/> \$65	<input type="checkbox"/> \$45
Non-Members **		<input type="checkbox"/> \$80	<input type="checkbox"/> \$60	<input type="checkbox"/> \$85	<input type="checkbox"/> \$65
Students ***		<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Institution ****		<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Additional Luncheon *****		<input type="checkbox"/> \$25		<input type="checkbox"/> \$25	

**Check this box if you do not want your contact information made available to vendors.**

- \* Register at these rates if you have a 2008 Membership Card indicating 2008 dues have been paid.
- \*\* Register at these rates if you are a non-member or have not yet paid 2008 dues. Complete the membership form on the reverse side. The fiscal year of the Association is from January 1 to December 31. This includes 2008 dues.
- \*\*\* Must submit evidence of student status. Does **NOT** include a luncheon ticket.
- \*\*\*\* See description of Institution pass in program.
- \*\*\*\*\* Unless pre-registered, there is **NO** guarantee that a luncheon ticket will be available.

Please check if vegetarian lunch is required (*pre-registered only*)

**Refer to flyer for cancellation clause**

**Mail this form and remittance (payable to SCACM) to:  
South Central Association for Clinical Microbiology  
3735 Palomar Center Dr., Suite 150  
Lexington, KY 40513-1147  
888-984-9966 phone 888-984-9966 fax  
scacm@scacm.org**

\$ \_\_\_\_\_ TOTAL ENCLOSED Credit Cards **NOW** Accepted. Please call 888-984-9966 or email [scacm@scacm.org](mailto:scacm@scacm.org) for information. (DO NOT INCLUDE HOTEL RESERVATIONS WITH PROGRAM REGISTRATION FEE.)

- \_\_\_\_\_ I will attend the dinner event at Genitti's. Free to meeting registrants.
- \_\_\_\_\_ I will NOT attend the dinner.
- \_\_\_\_\_ I want to purchase ONE additional ticket (\$40) for the dinner. Include \$40 with registration fees.  
Registration is limited, first come, first served.