

STEP 1: REGISTRANT CONTACT INFORMATION

WEBDL

Name: _____ Credentials (HT, MD, PhD etc) _____
Badge Name: _____
Title: _____ Company: _____
Email (required for registration): _____ Department _____
Business Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: (_____) _____ - _____
Emergency Contact Name: _____ Phone: (_____) _____ - _____

STEP 2: REGISTRANT DEMOGRAPHICS

Gender: Male Female
Are you certified through ASCP? Yes No
Primary area of practice? Clinical Hospital Clinical Private Lab Clinical University
 Pharmaceutical Research Veterinary
 Industry/Vendor
Position description? Student Trainee Lab Assistant
 Technician/Scientist Supervisor Lab Manager
 Pathology Assistant Pathologist Educator
 Industry Sales Industry Technical Representative

STEP 3: GUEST CONTACT INFORMATION

I don't plan to bring a guest
 I would like to bring a guest (cost \$25.00) Guest Name: _____
Email: _____ Telephone: (_____) _____ - _____

STEP 4: CHECK YOUR NSH MEMBERSHIP STATUS (this information determines convention pricing)

Current member, my dues are paid
 Current member, I want to renew for 2019 (\$80)
 New member, I would like to join today __ \$80, Expires 12/31/2018 or __ \$155, Expires 12/31/2019 (2-year membership is \$140.00 after 8/24/18)
 No thanks, I am not a member and don't wish to join

STEP 5: SOCIAL FUNCTIONS (ticket required)

First Timers Dessert Reception – Friday, September 21, 2018 at 7:30pm

I am a first time attendee and will attend the Friday evening Welcome Dessert Reception (Cost is \$0)
 I am a first time attendee but WILL NOT attend the Friday evening Welcome Dessert Reception

NSH Awards Ceremony & Celebration – Saturday, September 22, 2018 at 7:00pm

I plan to attend the Awards Celebration and wish to purchase
_____ # of tickets x \$50 = total amount due \$ _____

STEP 6: 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.

Day/Time	Available Workshops	1st Choice	2nd Choice	3rd Choice
Saturday 8am – 11:30am	WS 1-11			
Saturday 1pm -2:30pm	WS 12-22			
Saturday 3pm – 4:30pm	WS 23-32			
Sunday 8am – 9:30am	WS 33-42			
Sunday 9:45am – 10:45am	KEYNOTE LECTURE OPEN TO ALL			
Sunday 1pm – 4:30pm	WS 43-52			
Monday 8am – 9:30am	WS 53-60			
Monday 9:45am – 10:45am	KEYNOTE LECTURE OPEN TO ALL			
Monday 1:pm – 2:30pm	WS 61-69			
Monday 3pm – 4:30pm	WS 70-77			
Tuesday 8am – 9:30am	WS 78-87			
Tuesday 1pm – 4:30pm	WS 88-95			
Wednesday 8am – 11:30am	WS 96-102			
Wednesday 1pm-2:30pm	WS 103-110			

STEP 7: PAYMENT INFORMATION (your registration will not be processed without full payment)

Membership Dues	\$
Registration Fee	\$
Workshops Fees	\$
Guest	\$
Awards Ceremony Tickets	\$
GRAND TOTAL DUE:	\$

CONVENTION FEES:

NSH Member: \$80.00 • NSH Student Member: \$60.00 • Non Member: \$205.00

After August 21, 2018

NSH Member: \$165.00 • NSH Student Member: \$125.00 • Non Member: \$265.00

Guest Fee: \$25 • Awards Ceremony & Celebration Fee: \$50

WORKSHOP FEES (for all attendees)

Type of Workshop	90 Minutes	½ Day (3 hrs)
Workshops	\$30	\$45
Wet Workshops	\$40	\$60

Payment Information: (Please note that funds must be in US Dollars on a US Bank) *returned checks will incur a \$25.00 charge

Check Enclosed \$ _____

Purchase Order #: _____
(must submit PO with registration)

Charge my credit card \$ _____
(Visa, Mastercard, AmEx, Discover)

Name on Card: _____

Cardholder Signature: _____

Cardholder Email/Phone: _____

CC #: _____ Exp Date: _____ CVV: _____

NSH Federal Tax ID 52-1111284

STEP 8: SUBMIT YOUR REGISTRATION

Please note that submitting your registration binds you to all NSH registration policies found in the NSH SC Registration Brochure and listed on the NSH convention website, www.histoconvention.org.

Email: histo@nsh.org • Fax: (443) 535-4055 • Via Mail: National Society for Histotechnology, PO Box 75914, Baltimore, MD 21275-5914