

REGISTRATION FORM

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: _____ Ph.: (____) _____ - _____

STEP 2: GUEST CONTACT INFORMATION

 I don't plan to bring a guest I would like to bring a guest (\$119.00)

Guest Name: _____ Email: _____ Ph.: (____) _____ - _____

STEP 3: CHECK YOUR MEMBERSHIP STATUS (THIS INFORMATION DETERMINES CONVENTION PRICING)

 Current Member, my dues are paid New Member, I would like to join today: Current Member, I would like to renew for 2025 Core Membership (\$80) Renew at Core Membership (\$80) Enhanced Education Membership (\$139) Renew at Enhanced Education Membership (\$139) No thanks, I am not a member and don't want to save money on my registration.

STEP 4: ATTENDEE DEMOGRAPHICS

Position Description – select the one that best describes your current position. Educator Lab Manager Supervisor Industry Sales Pathologist Technician/Scientist Industry Technical Rep Pathology Assistant Trainee Lab Assistant Student Retired**Practice Area** – select the one that best describes your current position. Contract Research Organization Hospitals Industry Vendor Pharmaceutical Co. Private Government Agency Reference Library Research Academic Research Facility Veterinary HT/HTL Education Program**First Time Attending the Convention?** Yes & I plan to attend the First Time Attendee Reception Friday, 9/20/24 (ticket required) Yes & I WILL NOT attend the First Time Attendee Reception Friday, 9/20/24 (ticket required) No

STEP 5: REGISTRATION TYPE - SEE PAGE 30 FOR REGISTRATION RATES

- Full Conference Pass
- Weekend Pass
- Virtual Pass

STEP 6: EDUCATION ADD ON'S (LIMITED SEATS AVAILABLE, SOLD ON A FIRST-COME FIRST-SERVE BASIS)

- LEARNING LABS (SEE PAGE 30)**
- LL-01 (\$45)
 - LL-02 (\$75)
 - LL-03 (\$75)
 - LL-04 (\$45)
 - LL-05 (\$150)
 - LL-06 (\$75)
 - LL-07 (\$75)
 - LL-08 (\$65)
 - LL-09 (\$75)
 - LL-10 (\$45)
 - LL-11 (\$75)
 - LL-12 (\$75)

- ROUND TABLES (SEE PAGE 22)**
- RTT 01
 - RTT 02
 - RTT03
 - RTT 04
 - RTT 05
 - RTT 06
 - RTT 07
 - RTT08
 - RTT 09
- FREE to NSH members;
\$10 per round table for
Non Members

STEP 7: PAYMENT INFORMATION

(Please note that funds must be in US Dollars on a US Bank) Returned checks will incur a \$25.00 charge

GUEST	\$
MEMBERSHIP	\$
REGISTRATION	\$
LEARNING LABS/ROUND TABLE TALKS	\$
GRAND TOTAL DUE:	\$

- Check Enclosed \$ _____
- Purchase Order (copy of executed purchase order included)
- Charge my credit card \$ _____
(Visa, Mastercard, AmEx, Discover)

Name on Card: _____

Cardholder Signature: _____

Cardholder Email/Phone: _____ Phone: (____) _____ - _____

CC #: _____ Exp Date. _____ CVV: _____

Billing Address For Card Business: _____

City: _____ State: _____ Zip: _____ Country: _____

NSH 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 Convention 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 715914, Philadelphia, PA 19171-5914