

REGISTRATION FORM

STEP 1: REGISTRANT CONTACT INFORMATION

REGBR025

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 (\$129.00)

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

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

- | | |
|---|--|
| <input type="checkbox"/> Current Member, my dues are paid | <input type="checkbox"/> New Member, I would like to join today: |
| <input type="checkbox"/> Current Member, I would like to renew for 2026 | <input type="checkbox"/> Core Membership (\$80) |
| <input type="checkbox"/> Renew at Core Membership (\$80) | <input type="checkbox"/> Enhanced Education Membership (\$139) |
| <input type="checkbox"/> Renew at Enhanced Education Membership (\$139) | <input type="checkbox"/> No thanks, I am not a member. |

STEP 4: ATTENDEE DEMOGRAPHICS

Position Description – select the one that best describes your current position.

- | | | | |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Educator | <input type="checkbox"/> Lab Manager | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Industry Sales | <input type="checkbox"/> Pathologist | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Industry Technical Rep | <input type="checkbox"/> Pathology Assistant | <input type="checkbox"/> Trainee | |
| <input type="checkbox"/> Lab Assistant | <input type="checkbox"/> Technician/Scientist | | |

Practice Area – select the one that best describes your current position.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Contract Research Organization | <input type="checkbox"/> Hospital | <input type="checkbox"/> Industry Vendor | <input type="checkbox"/> Pharmaceutical Co. |
| <input type="checkbox"/> Private Lab | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Reference Library | <input type="checkbox"/> Research |
| <input type="checkbox"/> Academic Research Facility | <input type="checkbox"/> Veterinary | | |

First Time Attending the Convention?

- Yes & I plan to attend the First Time Attendee Reception on Friday, 9/26/25 (ticket required)
- Yes & I WILL NOT attend the First Time Attendee Reception on Friday, 9/26/25 (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 (\$150)
 - LL-05 (\$75)
 - LL-06 (\$45)
 - LL-07 (\$75)
 - LL-09 (\$75)
 - LL-10 (\$65)
 - LL-11 (\$65)
 - LL-12 (\$75)

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: _____ CWV: _____

Billing Address For Card: _____

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

Via Mail: National Society for Histotechnology, PO Box 715914, Philadelphia, PA 19171-5914