



REGISTRATION FORM

STEP 1: REGISTRANT CONTACT INFORMATION

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: GUEST CONTACT INFORMATION

I don't plan to bring a guest

I would like to bring a guest (cost \$119.00) Guest Name: _____

Email: _____ Telephone: (_____) _____ - _____

STEP 3: NETWORKING EVENTS (TICKET REQUIRED)

First Timers Dessert Reception – Friday, September 20, 2019 at 7:30:00pm

I am a first time attendee and will attend the Friday evening Welcome Reception (Cost is \$0)

I am a first time attendee but WILL NOT attend the Friday evening Welcome Reception

Boxed Lunch Roundtable– Saturday, September 21, 2019 at 12:15pm

I plan to attend the Boxed Lunch Roundtable on Saturday and wish to purchase _____ # of tickets x \$35 = total amount due \$ _____

NSH Awards Ceremony & Celebration – Saturday, September 21, 2019 at 7:30pm

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

STEP 4: REGISTRATION TYPE (SEE PAGE 31 FOR RATE TABLE)

Member

Non Member

Non Member + NSH Membership (expires 12/31/2019)

Weekend Pass (Access on Sat & Sun only)

NSH Student

STEP 5: SHORT COURSES/HANDS ON TRAINING (LIMITED SEATS AVAILABLE, SOLD ON A FIRST COME FIRST SERVE BASIS)

- SC-01 (\$99)
- SC-02 (\$45)
- HOT-01 (\$45)
- HOT-02 (\$99)
- HOT-03 (\$45)
- HOT-04 (\$45)
- HOT-05 (\$99)
- HOT-06 (\$35)
- HOT-07 (\$35)
- HOT-08 (\$99)
- HOT-09 (\$35)
- HOT-10 (\$45)
- HOT-11 (\$45)
- HOT-12 (\$35)

STEP 6: PAYMENT INFORMATION

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

Registration Fee	\$
Guest	\$
Boxed Lunch Roundtable Ticket(s)	\$
Awards Ceremony Ticket(s)	\$
Fees for Short Courses/Hands On Training	\$
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: _____

NSH Tax ID#: 52-1111284

STEP 7: 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