

Clinical and Laboratory Standards Institute and Association of Public Health Laboratories

Teleconference Series

Site Registration Form

Select Program(s)

Select	Price	Date	Time (ET)	Title	588#
	\$195.00	July 10, 2008	1:00-2:00 PM	Creating Laboratory Documents Using CLSI Guidelines*	926-08
	\$195.00	August 14, 2008	1:00-2:30 PM	The Use of CLSI Veterinary Standards in the Diagnostic Laboratory	927-08
	\$195.00	August 28, 2008	1:00-2:00 PM	CLSI Guidelines for the Identifying Preanalytical Variables in Coagulation*	928-08
	\$195.00	September 11, 2008	1:00-2:00 PM	Identifying Nonconforming Laboratory Events Using CLSI Standards*	929-08
	\$195.00	October 9, 2008	1:00-2:00 PM	Using CLSI Guidelines to Improve Your Laboratory's Biosafety Program*	930-08
	\$195.00	November 20, 2008	1:00-2:00 PM	Using CLSI Guidelines for Training and Competency Assessment *	931-08
	\$195.00	December 11, 2008	1:00-2:00 PM	Improving Your Phlebotomy Program Using CLSI Documents*	932-08
	\$465.00	20% savings!		Quality System Essentials Series (Three teleconferences indicated by grey background)	933-08
	\$875.00	25% savings!		CLSI Series (Six teleconferences indicated by *)	934-08
	Total				

Applicant Information (Please Type or Print.)

Title: (Dr./Mr./Miss/Ms./Mrs.) _____ First Name: _____ M.I.: _____ Last Name: _____

Position Title: _____ State Licensure Number (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?) _____

City: _____ State/Country: _____ Zip: _____

Work Telephone Number: _____ Work Fax Number: _____

Email Address: (Applicant must provide an email address to receive an APHL confirmation of registration.) _____

To receive *future* training event notifications please circle YES

Demographics

Occupation	Education Level (Highest Completed Degree)	Type of Employer
01 Physician	04 Associate	01 Public Health Department (State or Territorial)
02 Veterinarian	05 Bachelor	03 Public Health Department (Local, City or County)
04 Laboratorian	06 Masters	04 Government (Other Local, not City or County)
05 Nursing Professional	07 Doctoral (M.D.)	05 Centers for Disease Control and Prevention
06 Sanitarian	08 Doctoral (Other than M.D.)	09 U.S. Food and Drug Administration
08 Administrator	09 Technical/Hospital School	11 U.S. Department of Defense
11 Safety Professional	03 Some College	12 Veterans Administration Medical Center/Hospital
13 Educator	02 High School Graduate	15 Other (Federal Employer) _____
14 Epidemiologist	01 Some High School	16 Foreign
15 Environmental Scientist	10 Other _____	19 College or University
12 Other _____		21 Private Industry
		23 Private Clinical Laboratory
		24 Physician's Office Laboratory/Group Practice
		33 Hospital
		28 Health Maintenance Organization
		31 Non-profit
		32 Unemployed or Retired
		34 Environmental Laboratory
		35 Veterinary Laboratory
		36 Agricultural Laboratory
		30 Other _____

Payment Information

<input type="checkbox"/>	Enclosed is my check or money order (payable to APHL)
<input type="checkbox"/>	Bill my Credit Card

Credit Card Information

Select one	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card Holder's Name (print)	Card Holder's Signature		
Card Number	Exp. Date		

Submit completed form: Fax: 240-485-2700 or Mail: Registrar
PO Box 79117
Baltimore, MD 21279-0117