



ASCT 2019 Education Webinar Registration Form
(Please print or register online)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

(Please type or print your email)

You **MUST** fill in your email address in order to receive access to the webinar.

Individual Webinar Registration

- \$40 Member (price per webinar)
- \$50 Non-member (price per webinar)

Laboratory Webinar Registration

- \$150 Member signs up the lab (price per webinar)
- \$175 Non-member signs up the lab (price per webinar)
- \$700 Member signs up the lab (price for all scheduled webinars in the current membership year.)

Select Webinar(s) PRICES ARE PER WEBINAR

- January 23, 2019 @ 2:00 p.m. EST:** *What have we learned since Paris?*
- February 2019 @ 2:00 p.m. EST:** *Communication Techniques and Strategies for Cytotechs*
- March 2019 @ 2:00 p.m. EST:** *Cytopreparation: What techniques are best for cytologic samples*
- April 17, 2019 @ 2:00 p.m. EST:** *Head and Neck Cytolopathology: p16 and HPVish*
- June 2019 @ 2:00 p.m. EST:** *The Engagement of Cytotechnologists in Genomic Selections Leads to Improved Outcomes*
- July 17, 2019 @ 2:00 p.m. EST:** *TBA*
- August 2019:** *TBA*
- September 2019:** *TBA*
- October 2019:** *TBA*
- November 2019:** *TBA*
- December 2019:** *TBA*

Total Fee(s): _____ *(include fees for each webinar, prices are per webinar). Archived webinars are available for one year from date of initial presentation.*

All subscriptions last for 12 months from the date of the live webinar with access to the archived webinar available for the entire 12 month period. Please fill out the enrollment form and email or fax to ASCT with payment. You will receive webinar access information via email, after payment is received. Laboratories must sign up all participants in order for the individuals to receive credits.

You MUST write legibly to receive webinar login information!

Laboratory Participant's Name	Email
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment Information: **Check** (payable to ASCT) **Credit Card** Visa MasterCard AMEX
Name on Card _____ Card

Number _____ Exp. _____

Authorized Signature _____ Total Amount Due: _____