



ASCT 2020 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 8, 2020 @ 2:00 p.m. EST:** *The Pursuit of Happiness*
- February 2020 @ 2:00 p.m. EST:** *Employee Engagement in the Laboratory: Empowering a Positive Workforce*
- March 18, 2020 @ 2:00 p.m. EST:** *Aspiration Cytology of Neck Cysts in Adults: Morphologic Features and Ancillary Testing Strategies*
- April 22, 2020 @ 2:00 p.m. EST:** *Molecular Cytopathology in an Era of Precision Medicine: Doing More with Less*
- May 2020 @ 2:00 p.m. EST - TBA**
- June 2020 @ 2:00 p.m. EST:** *Soft Tissue and Bone FNA*
- July 2020 @ 2:00 p.m. EST:** *TBA*
- August 2020:** *TBA*
- September 2020:** *TBA*
- October 2020:** *TBA*
- November 2020:** *TBA*
- December 2020:** *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: _____