REGISTRATION FORM

9th National TB Laboratory Conference
Grand Hyatt Atlanta Buckhead, Atlanta, GA
June 8-9, 2015

Name and Degree (s): _____

Title: _____

Institution: _____

Department: _____

Address: _____

City/State/Zip: _____

Country: _____ **Telephone:** _____ **Fax:** _____

Email: _____

❑ **Special Accommodations** _____

Registration Rates (45500-200-643-15)

- ❑ $250 – Full APHL Conference (Monday & Tuesday, June 8 & 9)
- ❑ $150 – Student (ID required) (Monday & Tuesday, June 8 & 9)
- ❑ $150 – One Day (Monday OR Tuesday, June 8 or 9)
- ❑ $550 – Both APHL & NTCA Meetings (Monday – Thursday, June 8 – 11)

Payment

- ❑ Check
- ❑ American Express, Mastercard, Visa
- ❑ Pay at the door

Credit Card Number _____ Expiration Date _____

Cardholder's Full Name _____

Cardholder's Signature _____

The conference registration fee includes all sessions, activities and functions of the meeting. There are no included food functions.

If you plan to attend, but are processing your payment through your company or government entity, please submit your registration form with the notation "Check to follow". This assists us in planning the size of the meeting. Student ID or letter from supervisor must accompany registration form to qualify for the Student rate. APHL's Federal ID number is 52-1800436. If you require special accommodation please contact us at least six weeks in advance.

Please submit this registration form and payment to Terry Reamer, email: terry.reamer@aphl.org, fax: 240.485.2700 or send a check to APHL, PO Box 79117, Baltimore, MD 21279-0117.