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# Registration for 146th Meeting, Providence, RI, May 14 –17, 2025

## ATTENDEE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Initial | Degree(s) |
| Institution |  | Street Address |  |
| City | State | Postal/Zip Code | Country |
| Telephone Number | Fax Number | Email Address |  |

Please record number of persons for all No Charge items Unit Number of Amount

 Price Persons Charged

**Full Meeting Registration, Regular**

For all Fellows of the Association and non-members attending the full

meeting; includes luncheons, one banquet ticket, and continuing **$500** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

education credits, if desired.

**Full Meeting Registration, Emeritus, Assoc. Fellows, Trainees**

**and Invited Speakers Attending Full Meeting $200** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all Emeritus or Associate Fellows of the Association, all trainees, residents,

and fellows, and invited speakers attending the full meeting; includes luncheons,

one banquet ticket and CE credits, if desired.

**Meeting Registration, Complimentary – day of lecture NC** \_\_\_\_\_\_\_

Speakers **only** attending the meeting for the day of their lecture –

includes luncheon, but excludes banquet.

**Single Day Registration**

For either Tuesday or Thursday; includes luncheon and continuing education **$200 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

credits, if desired.

**Thursday, May 15**

**Welcome Reception**

Open to all meeting registrants and accompanying persons. Indicate attendance

for headcount. **NC** \_\_\_\_\_\_\_\_

**Friday, May 16**

**Tour,** Newport, Rhode Island, including bus and lunch **$ 60** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Extra tickets** to awards banquet and reception  **$ 95** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Saturday, May 17**

**Luncheon**, presentation of travel grant awards, reserved seating for all **NC \_\_\_\_\_\_\_\_**

young scientists, age ≤ 45; included with full or single day registration

(please indicate attendance for headcount estimation)

**Musicale**, with wine and hors d’oeuvres Intermission; complimentary

for all attendees (please indicate attendance for headcount estimation) **NC \_\_\_\_\_\_\_\_**

**Include Renewal of Dues (Fellows) $250 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Renewal of Dues (Assoc. Fellows) $ 50 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Total Payment Enclosed ­­­­­­­­\_\_\_\_\_\_\_\_**

**PAYMENT OPTIONS**

Cancellation with full refund will be accepted until May 7, 2025.

1. Register securely on-line at [http://www.clinicalscience.org/annualmeeting.html#Registration.](http://www.clinicalscience.org/annualmeeting.html#Registration)
2. Complete and mail this form (copy/print both sides of form) with a check, payable to Association of Clinical Scientists, or with credit card information, to Association of Clinical Scientists, 6431 Fannin Street, MSB2.292, Houston, TX 77030
3. To charge using American Express, Visa, or MasterCard, call the ACS office at (713) 500-5381, Mon–Fri, 8:00 a.m.–5:00

p.m. Central Time. You may also fax this form with your credit card information to our secure Fax at (713) 500-0732.

**CREDIT CARD INFORMATION**

|  |  |
| --- | --- |
| **Credit card type**(check only one) | Visa MasterCard American Express |
| **Card number** |  |
| **Security code (CVV)** | **Expiration date (mo/yr)** |
| **Name on the card** |  |
| **Billing Address** |  |
| **City** | **State (Province)** |
| **Country** | **Postal (Zip) Code** |
| **Signature** |  |

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