

# ACVP & ASVCP Concurrent Annual Meeting • December 3-7, 2011 • Nashville, TN

## REGISTRATION FORM

Please complete all items on this registration form - type or print legibly. The deadline for pre-registration is **November 18, 2011**. After that date, plan to register at the meeting site. Keep one copy of this completed form for your records. Save money by registering prior to **November 3, 2011!** All fees are quoted in U.S. funds.

### Choose to register one of three ways:

1. If you wish to register via the Internet, please go to the ACVP website at [www.acvp.org](http://www.acvp.org) and follow the instructions for secure online registration. You will need a credit card to register through the Internet (available on the website in August).
2. Fax your completed registration form with credit card information to +1-608-443-2474 or +1-608-443-2478 (we accept MasterCard, Visa, and American Express). Faxed registration forms without a form of payment will not be processed. If you are registering via the Internet or fax, do not mail the original registration form.
3. Mail your completed registration form and payment (in U.S. funds only, drawn on a U.S. bank) to the ACVP Executive Office (2424 American Lane, Madison, WI 53704 USA).

If you have not yet renewed your membership with ACVP or ASVCP, feel free to do so using this registration form (see the Membership Renewal Section on the back side of this form).

### Additional Instructions:

- a. Please complete one form per registrant.
- b. Registration by telephone will not be accepted.
- c. Payment must accompany each registration form. International registrants must submit payment in U.S. dollars, drawn on a U.S. bank.
- d. The registration deadline for inclusion in the Attendee Directory (distributed onsite) is November 3, 2011.

### Registration Information (please print clearly)

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_ Degree \_\_\_\_\_

Job Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

This address is:  Home  Company/Affiliation

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City, State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*(Your registration confirmation will be sent to the e-mail address above - please print clearly!)*

### Badge Information

This is how your badge will read. **Please print clearly** (complete only those lines that are different from the "Registration Information").

Nickname \_\_\_\_\_

*(only include if you want us to use your nickname on your badge)*

First Name (include middle initial if applicable) \_\_\_\_\_

Last Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

City, State/Province \_\_\_\_\_

Country \_\_\_\_\_

### Miscellaneous Information

Type of Employment (check one)

- Academia  Government (local, state, federal)  
 Industry/Pharmaceutical  Private Diagnostic Laboratory  
 Private Practice  Other \_\_\_\_\_

Check here if you do **NOT** wish to be listed in the Attendee Directory, distributed to attendees and exhibitors.

Please provide a contact name and phone number (of a close relative or friend) in case of emergency:

Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Please check if you need special assistance.

*(An ACVP staff member will contact you for more details.)*



### Membership

I am a member of (check all that apply):

- ACVP  ASVCP  ECVP  ESVCP  JCVP  STP  
 I am registering as a non-member.

### ACVP Membership Renewal

Renew your membership in ACVP for 2012 by checking your membership fee below:

- Regular Member \$250  
 Emeritus with Journal \$ 55  
 Resident/Fellow/Graduate Student \$100\*

\*Membership dues for residents, fellows, and graduate students must be accompanied by a letter of verification of their status from their department chair.

If you have specific questions, please contact the ACVP Office at +1-608-443-2466.

### ASVCP Membership Renewal

Renew your membership in ASVCP for 2012 by checking your membership fee below:

- Regular Member (North America) \$100  
 Regular Member (Outside of North America) \$110  
 Student Member \$ 60

If you have specific questions, please contact the ASVCP Office at +1-608-443-2479.

### Registration Fees

(please check applicable boxes -- all registration fees are quoted in U.S. dollars)

	On or Before November 3	After November 3
<input type="checkbox"/> <b>Member</b> <i>(Includes JCVP, ECVP, and ESVCP members, technicians and technologists.)</i>	\$300	\$350
<input type="checkbox"/> <b>Non-Member</b>	\$380	\$430
<input type="checkbox"/> <b>Resident/Fellow/Graduate Student</b> <i>(Registration for residents, fellows and graduate students must be accompanied by a letter of verification from their department chair.)</i>	\$100	\$100
<input type="checkbox"/> <b>ACVP Member Emeritus/Honorary</b>	\$130	\$130
<input type="checkbox"/> <b>Professional Student</b> <i>(Professional students must complete the registration form and provide a letter accompanying their registration form from their university attesting to their student status and signed by their department chair.)</i>	-0-	-0-
<input type="checkbox"/> <b>One-Day Registration</b> Please check the date of attendance: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	\$240	\$290
<input type="checkbox"/> <b>Spouse/Guest (limit 1)</b> Full Name of Spouse/Guest: _____	\$55	\$55

### Pre-Meeting Workshop Registration (workshops are available at a separate fee)

Choose the workshop you are interested in attending and include the appropriate payment:

#### ASVCP Workshop

- Members/Non-Members \$275
- Resident/Trainees/Students \$100  
*2011 Guide to Toxicologic Clinical Pathology*  
 Saturday, December 3, 2011, 8:00 a.m.-5:00 p.m.
- C.L. Davis Foundation Workshop** \$175  
*Navigating the Vast Pink Wasteland--Making Neuropathology Easy and Fun*  
 Saturday, December 3, 2011, 8:00 a.m.-5:00 p.m.
- Primate Pathology Workshop** \$175  
*Spontaneous Lesions and Diseases in Wild, Captive-Bred, and Zoo-Housed Nonhuman Primates*  
 Saturday, December 3, 2011, 8:00 a.m.-5:00 p.m.

### Post-Meeting Workshop Registration (workshops are available at a separate fee)

Choose the workshop you are interested in attending and include the appropriate payment.

- Workshop I: Zebrafish**  
 Wednesday, December 7, 2011: 1:00 p.m.-5:00 p.m.
- Workshop II: Beyond H&E/Quantitative Pathology**  
 Wednesday, December 7, 2011: 1:00 p.m.-5:00 p.m.
- Workshop III: Histologic Interpretation of Bone Marrow Biopsies**  
 Wednesday, December 7, 2011: 1:00 p.m.-5:00 p.m.

Select the appropriate workshop above and include the payment.

- Member/Non-Member \$165
- Resident/Fellow/Graduate Student \$100
- Professional Student\*\* \$ 50

\*\*The number of student registrations available for the workshops is limited.

### Very Important Pathologist (VIP) Program

The VIP Program is available to members with 25+ years of certification and Emeritus members. This year the program will include a visit to the Belle Meade Plantation and RCA Studio B. The fee is \$100 per person and includes lunch. If you are participating in the VIP Program, you must also register and pay the fee to attend the Annual Meeting. If you have questions, please contact Wendy Coe at wcoe@acvp.org or +1-608-443-2466, ext. 149.

Tuesday, December 6, 2011 – 9:30 a.m.-4:15 p.m.

- Yes, please register me for the VIP program (\$100 per person).

Number of people \_\_\_\_\_ X \$100 per person = \_\_\_\_\_

If including a guest, please enter their full name: \_\_\_\_\_

### Presidential Reception

This year, the Presidential Reception will be held at the Renaissance Nashville Hotel on Tuesday, December 6, 2011, at 7:00 p.m. It will begin with a live auction at 7:00 p.m. and will include an evening of networking and hors d'oeuvres. Each attendee and registered spouse/guest is entitled to one ticket to the Presidential Reception if they register in advance. Tickets for unregistered guests or friends are \$55 each. Children under 10 years of age are free. Check the applicable boxes below.

- Yes, I would like one ticket to the Presidential Reception.
- I have a spouse/guest pre-registered at \$55 (see page 1 under Spouse/Guest registration) and would like one ticket for that person.
- Yes, I am interested in purchasing additional tickets:

Number of tickets \_\_\_\_\_ X \$55 = \_\_\_\_\_

### Continuing Education Credits

Register for continuing education credits by checking the applicable box below:

- Yes, I would like to receive American Association of Veterinary State Boards (RACE) continuing education credits.
- Yes, I would like to receive PACE continuing education credits for Medical Technologists.

### Registration Confirmation

If you do not receive a confirmation e-mail within three weeks of registering, please contact the ACVP Executive Office at +1-608-443-2466 or registrar@acvp.org to verify that your registration form has been received.

### Cancellation Policy

Any Annual Meeting registration cancellations must be made in writing directly to the ACVP. If received before November 18, 2011, the ACVP will apply a \$50 administrative fee and refund the remainder of your registration fee following the meeting. After November 18, 2011, no refund will be given. Walk-ins and replacements are always welcome.

### Fourth ACVP/STP Coalition Scientific Conference

Saturday, December 3, 2011 – 8:00 a.m.-5:00 p.m.

Coalition participants (Fellows, academic, and industrial mentors, and representatives of sponsoring companies) as well as non-participants are invited to attend at no additional cost. Registration Required.

- Coalition Scientific Conference Registration \$0
- Breakfast (7:30 a.m.), Lunch (12:00 noon-1:00 p.m.), & Cocktail Reception (5:00 p.m.-6:00 p.m.) for non-Coalition participants: \$70

### Contribute to the ACVP Funds

Your commitment is needed to build on the rich heritage of the College, enabling us to grow and prosper! Please indicate which fund you want to support and add the appropriate fee to your registration payment:

- ACVP Research and Education Endowment Fund
- General Scholarship Fund  
 ACVP will list individual donors that support Travel Awards and External Scholarships for a minimum contribution of \$100. Please list me as supporting:
  - Student Chapter Travel Award
  - Graduate Student/Resident Travel Award
  - Extern Scholarships
  - Greatest Need

Check one:  \$25     \$50     \$100     Other: \_\_\_\_\_

### Optional Events

Register for the tour of your choice and include the appropriate payment with this form. Please note the registration deadline for the various tours. All tours will take place on Monday afternoon, December 5 (concurrently). Please note that minimum numbers do apply. Check one choice below if you are interested in participating:

- Music City Swing Tour \$69 per person  
 1:30 p.m.-5:00 p.m. Number of people: \_\_\_\_\_  
 (30 person minimum - Register by November 3)
- Historic Franklin \$63 per person  
 1:30 p.m.-5:30 p.m. Number of people: \_\_\_\_\_  
 (30 person maximum -- Register by November 3)
- Nash Trash Tour \$45 per person  
 2:00 p.m.-4:00 p.m. Number of people: \_\_\_\_\_  
 (32 person maximum -- Register by November 3)

Only register for this tour if you are ready for politically incorrect language and lots of laughs. Visit their website at [www.nashtrash.com](http://www.nashtrash.com) for more information. (Not recommended for sensitive people.)

Total for Optional Events: \$ \_\_\_\_\_

### Payment

Please total your fees from the different categories included on this registration form.

ACVP Membership Renewal	\$ _____
ASVCP Membership Renewal	\$ _____
Registration Fee Total	\$ _____
Spouse/Guest Fee	\$ _____
Pre-Meeting Workshop Total	\$ _____
Post-Meeting Workshop Total	\$ _____
VIP Program	\$ _____
Presidential Reception Ticket(s)	\$ _____
ACVP/STP Coalition Fee	\$ _____
Contribution to the ACVP	\$ _____
Optional Event Total	\$ _____
<b>Grand Total</b>	<b>\$ _____</b>

(Please include this amount with your registration form)

Check one and enclose payment. Registration forms not including the proper registration payment will be returned immediately. Please do not send cash.

- Check (made payable in U.S. funds, drawn on a U.S. bank to ACVP)

- Master Card/Visa/American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name (please print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please complete **both sides** of this registration form and mail it with your payment (no purchase orders please) to: **ACVP/ASVCP, 2424 American Lane, Madison, WI 53704 USA**; or fax it to: **+1-608-443-2474** or **+1-608-443-2478**. For more information, contact ACVP by telephone (**+1-608-443-2466**), e-mail (**registrar@acvp.org**) or online (**www.acvp.org**).