

# ADLM 2024 BOLD MOVE.

## CONFERENCE REGISTRATION

JULY 28-AUGUST 1 • CHICAGO, IL, USA

Promo Code: \_\_\_\_\_

### HOW TO REGISTER

- PRINT OR TYPE INFORMATION ON ALL PAGES.
- Make a copy of all pages for your files.
- Submit all 4 pages of this form.
- Include registrant name on all pages of the form.
- Full payment of all fees (in U.S. dollars payable through a U.S. Bank) must accompany this form for registration to be processed.
- For questions, call +1.508.743.8506.

**Deadline: Early registration discount ends June 7, 2024.**

**Advanced discount deadline is July 26, 2024.**



**ONLINE** [meeting.myadlm.org/register](https://meeting.myadlm.org/register)

(Credit card payments only)



**MAIL**

ADLM Customer Service  
900 Seventh Street, NW, Suite 400  
Washington, DC 20001



**FAX**

+1.202.887.5093

(Credit card payments only). Fax copy will be considered original. To avoid duplication, do not mail original.

Credit card information cannot be accepted via email due to security protocols.

**Personal Information** Complete this information EXACTLY as you want it to appear on your badge. You will receive a confirmation at the email listed below within two weeks of receipt of this form and full payment.



Check here if you require special services. Please describe special services:

### I. PERSONAL INFORMATION (form must be printed or typed in English) \*Required field

MEMBER ID# \_\_\_\_\_ DEGREE \_\_\_\_\_

FIRST/GIVEN NAME\* \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST/FAMILY NAME\* \_\_\_\_\_ PRONOUN \_\_\_\_\_

(ex: she/her/hers)  Print my pronoun on my conference badge.

TITLE\* \_\_\_\_\_

INSTITUTION\* \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

STREET ADDRESS\* \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/PROVINCE\* \_\_\_\_\_ STATE \_\_\_\_\_

POSTAL CODE\* \_\_\_\_\_ COUNTRY OR SPECIAL ADMINISTRATIVE REGION\* \_\_\_\_\_

### Be sure to complete this information:

CELL PHONE\* \_\_\_\_\_ EMAIL ADDRESS\* \_\_\_\_\_

(Used for safety, emergency, and health related SMS messaging).

Email must be valid and unique as this is how you will log into the Registration Resource Center.

Your confirmation will be sent to the email address above. You can also send the confirmation/receipt to an alternate email below (e.g., your accounts payable department).

ALTERNATE EMAIL \_\_\_\_\_

**ADLM communication options:** You will be automatically enrolled to receive mail and email based on ADLM's standard privacy options unless you have previously modified your ADLM communication settings.

**EU and Canadian Residents:** If you are new to ADLM, you will be automatically opted out. If you want to **opt in**, check the desired boxes:  ADLM email  ADLM mail

To view the ADLM privacy policy and to modify your communication preferences, when you receive your receipt, log in to [myadlm.org](https://myadlm.org) and select "My Profile."

### EXHIBITOR COMMUNICATIONS: EXHIBITORS SUPPORT ADLM'S ACTIVITIES, AND WE ENCOURAGE YOU TO SUPPORT THEIR EFFORTS.

Exhibitors will send attendees information before and after the Expo via standard mail.

- Please do not share my mailing address with exhibitors.

Your mailing address, phone number, and email will be encoded on your badge.

If you choose to have your badge scanned in the Exhibit Hall or at industry sponsored events, Exhibitors will use this information to contact you after the meeting. Cell phone numbers will not be shared.

- Please do not encode my email address on my badge.



REGISTRANT'S NAME \_\_\_\_\_

**II. YOUR INFORMATION** The following information MUST BE completed to process your application.

**1. Which best describes your organization's primary function?**

*(Select the one that most closely matches yours)*

- 01 Laboratory/Laboratory System
- 02 Hospital/Health System/Health Clinic
- 03 Community Health Center
- 04 Blood Center/Blood Bank
- 05 Diagnostics Company
- 06 Medical Device Company
- 07 Pharmaceutical Company
- 08 Pharmaceutical Research
- 09 Biotechnology Company
- 10 OEM Company
- 11 Distributor
- 12 Consulting Company
- 13 Laboratory Information Systems/ Informatics Company
- 14 Investment Company/ Industry Analyst
- 15 Contract Research Organization
- 16 Government Agency
- 17 Educational Institution
- 18 Non-profit Association
- 19 Retired from full-time employment
- 20 Other (please specify): \_\_\_\_\_

*If you answered that you are primarily a Laboratory/Laboratory System, answer 2-6. If not, skip to question 7.*

**2. Please select the type of laboratory that most closely matches yours**

- 01 University Hospital Laboratory
- 02 Managed Care/Coordinated Care Network/Healthcare System
- 03 State/County/Local Hospital Lab System
- 04 Clinical Laboratory
- 05 Private Hospital Laboratory
- 06 Independent Laboratory
- 07 Physician Office Laboratory
- 08 Veterans/Military Hospital Laboratory
- 09 Government/Public Health Laboratory
- 10 Commercial Laboratory
- 11 Reference Laboratory
- 12 Research Laboratory
- 13 Diagnostics Manufacturer Lab
- 14 Pharmaceutical Laboratory
- 15 Forensic Lab
- 16 Direct-to-Consumer Laboratory (pharmacy, retail, etc.)
- 17 Urgent Care Center Laboratory

*If you answered Managed Care/ Coordinated Care Network/ Healthcare System in 2, please answer 3:*

**3. How many sites are in your Coordinated Care Network?**

- 01 (1-5)
- 02 (6-10)
- 03 (11-15)
- 04 (16+)

**4. If you work in a hospital lab, how many beds are in your hospital?**

- 01 (0-199)
- 02 (200-399)
- 03 (400-599)
- 04 (600+)

**5. What are the functions of your lab?**

*(Select all that apply)*

- 01 Biochemistry
- 02 Blood Banking
- 03 Chemistry
- 04 Clinical Trials
- 05 Coagulation
- 06 Core Lab
- 07 Forensic Testing
- 08 Genetic Testing
- 09 Hematology
- 10 Immunology
- 11 Microbiology
- 12 Molecular Testing
- 13 Pediatric/Newborn Screening
- 14 Point-of-Care Testing
- 15 Toxicology
- 16 Transfusion Medicine
- 17 Veterinary Testing
- 18 Additional Functions (please specify): \_\_\_\_\_

**6. What role(s) do you play in the acquisition of systems and/or instruments for your lab?**

*(Select all that apply)*

- 01 Evaluate options for purchase
- 02 Recommend products
- 03 Participate in team evaluation
- 04 Assess product after purchase
- 05 Final selection
- 06 No role

**7. What is the highest degree (or equivalent) you hold?**

- 01 Doctoral Degree (PhD)
- 02 Medical Degree (MD)
- 03 MD and PhD
- 04 Master's Degree (MA/MS/MBA)
- 05 Bachelor's Degree (BA/BS/BSMT)
- 06 Nurse Practitioner
- 07 Physician Assistant
- 08 RN
- 09 LPN
- 10 JD
- 11 MBA and JD
- 12 PharmD
- 13 PharmD and PhD
- 14 Associate's Degree
- 15 High School Graduate

**8. What is your primary job function?**

- 01 Lab Director/Assistant Director
- 02 Lab Manager
- 03 Scientific Director
- 04 Medical Director
- 05 Lab/Medical Technologist (Supervisory)/Lead Tech
- 06 Lab/Medical Technologist (Non-Supervisory)
- 07 President/VP/Other Executive
- 08 Pathologist
- 09 MD/Clinician
- 10 Nurse
- 11 Pharmacist
- 12 Hospital Administrator
- 13 Chief Medical Officer
- 14 Clinical Chemist
- 15 Point-of-Care Testing
- 16 Quality Assurance
- 17 Cytotechnologist
- 18 Lab Information Systems
- 19 Scientific Affairs
- 20 Research or Development Scientist/Engineer
- 21 Manufacturing/Operations
- 22 Marketing/Sales
- 23 Analyst
- 24 Regulatory Affairs
- 25 Educator
- 26 Student/Fellow
- 27 Consultant
- 28 Retired

**9. What is your age?**

- 01 (under 25)
- 02 (25-39)
- 03 (40-44)
- 04 (45-54)
- 05 (55-64)
- 06 (65-74)
- 07 (75 and over)
- 08 Prefer not to answer

**10. What is your gender?**

- 01 Male
- 02 Female
- 03 Prefer not to answer

**11. Which of the following best describes your business interests at this meeting?**

*(Select one)*

- 01 Evaluate/acquire lab products or services for the lab or practice
- 02 Market lab products or services
- 03 Evaluate OEM suppliers, distribution opportunities or technology licensing
- 04 Solicit OEM, distribution or other B2B collaborations
- 05 No product or business interest
- 06 Other (please specify): \_\_\_\_\_

**12. Do you hold a MLT, MT (ASCP), MLS, ASCP or C (ASCP) certification?**

- 01 Yes
- 02 No

**13. When visiting the Clinical Lab Expo which solutions will you seek?**

*(Select all that apply)*

- 01 Contract Manufacturer
- 02 Diagnostic IT Solutions
- 03 Diagnostic Testing
- 04 Diagnostic Tools Manufacturer
- 05 Equipment Manufacturer
- 06 Lab Testing Services
- 07 Parts Supplier
- 08 Professional Organization
- 09 R&D
- 10 Reagents Distributor
- 11 Regulatory
- 12 Solutions Support
- 13 Subject Area (Cancer Markers, Cardiac Markers, Pharmacogenomics, Tumor Markers)
- 14 Supporting IT Solutions
- 15 Testing Compliance

**III. MEMBERSHIP**

If your ADLM membership will expire before the last day of the meeting (August 1, 2024), then you must renew your membership when you register to be eligible for the member discount. Your renewed membership will be valid for one year from the date your payment is processed or one year from your current expiration date, whichever is later. You can find your current expiration date by logging on to your profile on [myadlm.org](http://myadlm.org).

- Join ADLM today (Professional membership \$264)
- Renew my membership (and current membership options)
- Renew my membership (and current membership options) **if** my current membership expires before August 1, 2024

REGISTRANT'S NAME \_\_\_\_\_

**IV. CONFERENCE REGISTRATION FEES**

Please check choice(s)

	EARLY Received by 6/7	ADVANCED Received 6/8-7/26	ONSITE Or received after 7/26
<b>All Access Registration (Full Conference)</b>			
<input type="checkbox"/> 01 ADLM Member (Professional, Professional Affiliate, and Transitional)*	\$700	\$860	\$900
<input type="checkbox"/> 01E ADLM Express Member	\$1,025	\$1,300	\$1,360
<input type="checkbox"/> 02 Non-member	\$1,025	\$1,300	\$1,360
<input type="checkbox"/> 03 ADLM Trainee Member	\$225	\$240	\$250
<input type="checkbox"/> 03 Trainee/Student Non-member <i>Includes a one-year ADLM Trainee Membership. Discounted fees are a benefit of membership. Proof of full-time trainee status required.</i>	\$269	\$284	\$294
<input type="checkbox"/> 04 ADLM Emeritus Member	\$225	\$240	\$250
<b>Sunday Only Daily Registration</b>			
<input type="checkbox"/> 05 (Includes entrance to ADLM Opening Mixer and Opening Plenary Session)	\$0	\$0	\$0
<b>Daily Registration (Monday-Thursday)</b>			
Check days that apply:	\$535	\$650	\$680
<input type="checkbox"/> 06 Mon <input type="checkbox"/> 07 Tues <input type="checkbox"/> 08 Wed <input type="checkbox"/> 09 Thurs			
<b>Guest Registration</b>			
<input type="checkbox"/> 10 Guest	\$225	\$240	\$250

Guest First/Given Name: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

\*The ADLM Member registration fee includes access to the conference recordings. (See pg 4.)

**V. TICKETED SESSIONS**

Tickets are not required unless you wish to attend a Roundtable or ADLM University session. Only these ticketed sessions are displayed below. There will be a link to search all sessions in your confirmation email and on the ADLM website.

Individuals registered as a guest/spouse may not register for ticketed sessions or receive continuing education credits.

Indicate your preference by session number.

**A. ADLM University (190000 Series)**

All courses are held on Sunday, July 28. An All Access (conference) registration is not required; only fees for individual courses.

	EARLY Received by 6/7	ADVANCED Received 6/8-7/26	ONSITE Or received after 7/26
<b>Half Day Session</b>			
Member	\$170	\$200	\$210
Non-member	\$230	\$265	\$280
<b>Full Day Session</b>			
Member	\$300	\$330	\$350
Non-member	\$365	\$400	\$415

**Sunday Morning Sessions**  
 191101  191102  191103

**Sunday Afternoon Sessions**  
 191204  191205  192206  191207  191208  191209

**Full Day Sessions**  
 191310  191311  191312

Total # of Sessions \_\_\_\_\_ Total \$ \_\_\_\_\_

**B. Roundtable Sessions**

\$30 each (received by 7/26)

\$35 each (Onsite or received after 7/26)

ADLM Member/Non-member. Meal is not included.

**Morning Sessions (40000 Series)      Afternoon Sessions (50000 Series)**

	1st Choice	2nd Choice	3rd Choice
MONDAY:	Morning: _____	_____	_____
	Afternoon: _____	_____	_____
TUESDAY:	Morning: _____	_____	_____
	Afternoon: _____	_____	_____
WEDNESDAY:	Morning: _____	_____	_____
	Afternoon: _____	_____	_____
Total # of Sessions _____		Total \$ _____	

**VI. SPECIAL EVENTS**

**88 SYCL Workshop: Crafting Clarity: Integration of Language and Communication Tools in Lab Medicine**

Saturday, July 27, 2024 • ADLM Member/Non-member: \$55

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**90 The Health Equity and Access Division and the Data Analytics in Laboratory Medicine Committee: FairLabs - Analyzing Fairness in Laboratory Testing**

Monday, July 29, 2024 • ADLM Member/Non-member: \$20

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**94 Mass Spectacular**

Tuesday, July 30, 2024 • ADLM Member/Non-member: \$15

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**95 Joint Luncheon with the Molecular Pathology, Tumor Markers & Cancer Diagnostics, and Personalized Medicine Divisions**

Tuesday, July 30, 2024 • ADLM Member/Non-member: \$20

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**92 Joint Dinner with the Lipoproteins and Vascular Diseases and the Biomarkers of Acute Cardiovascular Disease Divisions: Trends in Cardiovascular Disease Laboratory Testing**

Wednesday, July 31, 2024 • ADLM Member/Non-member: \$50

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**93 Clinical Translational Science Division Lunch and Learn**

Wednesday, July 31, 2024 • ADLM Member/Non-member: \$20

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**96 Nutrition Division Symposium**

Wednesday, July 31, 2024 • ADLM Member/Non-member: \$20

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**98 Annual Academy Membership Meeting & Awards Luncheon**

Wednesday, July 31, 2024 • ADLM Member/Non-member: \$45

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

**99 22nd Annual Point-of-Care Coordinators Forum**

Thursday, August 1, 2024 • ADLM Member/Non-member: \$25

# of Tickets \_\_\_\_\_ \$ \_\_\_\_\_

Total # of Special Events \_\_\_\_\_ Total \$ \_\_\_\_\_

REGISTRANT'S NAME \_\_\_\_\_

VII. SESSION RECORDINGS

Session Recordings 12832

ADLM 2024 scientific sessions will be recorded. Access to the streaming content is available for purchase as a subscription that will commence September 3, 2024 and close July 31, 2025. The content is made available as streaming content only and is not available for download. Session recordings include audio and presentation slides from most of the scientific sessions. Roundtables will not be recorded. If purchased, the cost for session recordings is \$199, until 12:00 p.m. CT on August 1, 2024. After that, the price is \$299. ADLM members purchasing an All Access registration (full conference) will get complimentary access to the session recordings.

VIII. PAYMENT INFORMATION

Membership Dues Section III
Join ADLM (Professional membership \$264) \$ \_\_\_\_\_

Renew ADLM Membership

- Renew ADLM membership (and current options)\*
Renew my membership (and current membership options)\* if my current membership expires before August 1, 2024.

\*Amount charged will depend on your current member options.

Table with 3 columns: Fee Category, Section, Amount. Rows include Conference Fees, Guest/Spouse Fees, ADLM University, Roundtable Sessions, Special Events, Conference Recording, and Total Payment Enclosed.

In the event that the total amount due is miscalculated on this form, we will automatically recalculate your registration fees and you will be charged accordingly.

ADLM 2024 OFFICIAL VENDOR
Convention Data Services (CDS) is the only authorized registration vendor for ADLM 2024 & Clinical Lab Expo. If you are contacted by any company other than CDS regarding registration, please note that these companies are not authorized to represent ADLM nor do they have access to registration.

Cancellation Policy: All Conference cancellations and transfers must be received in writing. Written cancellation requests received through July 11, 2024, will be assessed a \$50 processing fee. If a Conference registrant is unable to attend, the registration may be transferred to another person through July 11, 2024. No refunds or transfers are permitted after July 11, 2024.

Please submit all 4 pages of this form.

- ONLINE meeting.myadlm.org/register (Credit card payments only)
MAIL ADLM Customer Service 900 Seventh Street, NW, Suite 400 Washington, DC 20001
FAX +1.202.887.5093 (Credit card payments only). Fax copy will be considered original. To avoid duplication, do not mail original. Credit card information cannot be accepted via email due to security protocols.

You will receive an email confirmation letter within two weeks of receipt of your registration form with complete payment. All registrants may view and print a copy of their confirmation letter by logging into our website at meeting.myadlm.org.

Badges will NOT be sent by mail. All individuals must show a government issued photo ID in order to pick up their badges and tickets.

Deadline: Early registration ends June 7, 2024.

Full payment must accompany all orders. Purchase orders are not accepted.

- Check enclosed (payable to ADLM, in U.S. dollars, through a U.S. bank only)
Company check Personal check
Wire transfer date sent \_\_\_\_\_ Sending bank \_\_\_\_\_

Contact ADLM Customer Service at custserv@myadlm.org for ACH and wire transfer information. (Please fax or mail registration form)

Credit Card: VISA MasterCard American Express

Card number
Expiration date (MM/YY)
Signature
Date
Cardholder's name

Billing address EXACTLY as it appears on your credit card statement