



AMERICAN SOCIETY FOR CYTOTECHNOLOGY

Working Together. Shaping Our Future.

1500 Sunday Drive, Suite 102
Raleigh, NC 27607
(800) 948-3947 Fax (919) 787-4916
www.asct.com info@asct.com

ASCT 2012-13 Education Webinar Registration Form (Please fill out 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

- \$35 Member (price per webinar)
- \$45 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)

Select Webinar(s) PRICES ARE PER WEBINAR

- Tuesday, July 31 @ 2:00pm EST:** *New Cervical Cancer Screening Guidelines: What do they mean for me?*
- September TBA @ 2:00pm EST:** *SOP: An Important Form of Laboratory Communication*
- Tuesday, November 13 @ 2:00pm EST:** *CAP Inspection Tips*
- January 15, 2013 @ 2:00pm EST:** *The Evolving Role of the Cytotechnologist: Under the Microscope*
- March 18, 2013 @ 2:00pm EST:** *Principles of Fixation and Staining for Cytopreparation*
- Thursday, May 23, 2013 @ 2:00pm EST:** *Personnel Management in the Cytology Laboratory*

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 6 months from the date of the live webinar with access to the archived webinar available for the entire 6 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

Name on Card _____

Card Number _____ Exp. _____

Authorized Signature _____ Total Amount Due: _____