

Six Rivers CLMA/OHIO POCT Network Fall Conference

October 2/3, 2008

REGISTRATION FORM

DUE BY FRIDAY, SEPTEMBER 26th, 2008

Name: _____

Title: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Ph: _____ Fax: _____

Email: _____

<u>FEES:</u>		<u>Fill in amount</u>
CLMA Member	(1-day \$25/2-day \$45.00)	_____
OHIO POCT Network/Non member	(1-day \$30/2-day \$60.00)	_____
MT/MLT student	\$10.00 each day	_____
Thurs. Cookout	\$5.00	_____
	TOTAL:	_____

IF YOU REGISTER BY FRIDAY, SEPTEMBER 5TH THE NETWORKING DINNER IS FREE!!!!

Make check payable: CLMA SIX RIVERS CHAPTER

Mail to:

Wanda Smith Broerman, Treasurer

**c/o The University Hospital, ML 0714
234 Goodman Street
Cincinnati, Ohio, 45219**

Contact info:

Phone: 513-584-1617

E-mail: wanda.l.smith_broerman@healthall.com

Six Rivers Chapter



THE RESOURCE FOR LABORATORY PROFESSIONALS

