

Registration Form

September 25-27, 2017 • Pittsburgh, PA

Genome and Environment: Implications in Development, Regeneration,
Injury, Immunity, and Malignancy



Pathobiology for Investigators, Students & Academicians

Registration Category

NOTE: Registration INCLUDES 3 lunches and opening wine & cheese reception

ASIP Members

ASIP and Guest Society Regular Member

- Full Conference \$520
 Special 1 Day Rate \$275

ASIP Next-Generation Scientist Member

- Full Conference \$520
 Special 1 Day Rate \$275

ASIP Emeritus Member \$450

ASIP Associate Member \$450

Trainees

ASIP Senior Post-doctoral Trainee \$450

ASIP Post-doctoral Trainee \$420

ASIP Pre-doctoral Trainee \$375

ASIP Undergraduate Student \$320

Non Members

Scientist (principal investigator) \$620

Special 1 Day Rate \$375

Non-Member Trainees

Senior Post-doctoral Trainee \$520

Post-doctoral Trainee \$500

Pre-doctoral Trainee \$450

Undergraduate Student \$375

Guest Society

Guest Society Registrant \$520

Guest Society Registrant 1 Day Rate \$275

FREE Career Development Workshop

Space is limited, registration is required

You must check box if you would like to attend

Tuesday, September 26, 2017

Science, Statistics and Getting it Right -

An Interactive Discussion of Common Problems

Danny Milner, MD MSc(Epi)

Chief Medical Officer

American Society for Clinical Pathology

Sponsored by the ASIP Committee for Career Development and Diversity

(Payment: All payments are to be made in US dollars.

Accepted methods of payment are:

Credit Card (Visa, MasterCard, Amex) and Check (in US dollars)

Registration Includes:

Meals (3 lunches, Welcome Reception) and meeting materials

Cancellation/Refund Policy:

All refund requests must be made in writing to meetings@asip.org

A \$50 non-refundable processing fee will be deducted from the refund.

AFTER SEPTEMBER 15, 2017, NO REFUNDS WILL BE ISSUED.

Approved refunds will take up to 2 weeks to process and will be issued in the same method as the initial payment (check or credit card).

Registration Information

First Name _____

Last Name _____

Degree(s) _____

Job Title _____

Organization _____

Department _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____

Country _____

Business Phone # _____

Cell Phone _____

Email _____

Dietary Restrictions _____

Emergency Contact Information

Name _____

Relationship _____

Home Phone # _____

Cell Phone # _____

Payment Information

Check Enclosed (US Dollars) Cash (US Dollars) TOTAL: \$ _____

VISA Amex MC Exp. Date _____ CVV# _____

Credit Card # _____

Name on Card _____

Signature _____

Billing Address _____

City _____ State/Province _____

Zip/Postal Code _____

Country _____

For questions regarding registration, please contact us

Return this registration form with payment to:

American Society for Investigative Pathology

Attn: Meetings Department

1801 Rockville Pike, Suite 350, Rockville, MD 20852 (USA)

(240) 283-9700 • FAX 301.984.4047

meetings@asip.org • www.asip.org

www.pisa2017.org

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