



Early Registration Deadline: February 26, 2018 (11:59PM, EST)
Complete a separate form for each attendee. Please print or type.

You can register in the following ways:

Web: <http://cytoconference.org> **Or Fax:** 301-634-7014

Mail: CYTO Conference Management, 9650 Rockville Pike, Bethesda, MD, USA, 20814-3998

The required 21% Czech Value Added Tax will be added to your total registration amount.

Name: _____

Company/Institute: _____

Department: _____

Street Address: _____

Street Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Czech Republic VAT Number _____

Tel: _____ Fax: _____ Cell: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

SOCIAL EVENTS

(Please select event(s) below you are attending).

The following social events are included with the Full Registration Fee. One-Day registrants may purchase a ticket for the Closing Reception below. Please select the events you plan to attend.

- Opening Reception (Sunday, April 29)
- Happy Hour in the Exhibit Area (Monday, April 30)
- Ice Cream Social in the Exhibit Area (Tuesday, May 1)
- Additional CYTO 2018 Closing Reception Ticket(s)
\$60 x _____ = \$ _____

If you have registered for the full CYTO congress, a coupon for the CYTO 2018 Closing Reception (Wednesday, May 2) will be included in your registration. You must exchange the coupon for the actual entrance ticket at the CYTO registration desk by 9:00 AM on Sunday, April 28.

CYTO Innovation – Saturday, April 28

- Yes, I plan to attend

**Shared Resource Laboratory (SRL) Networking Event
Saturday, April 28**

- Yes, I plan to attend

HOW DID YOU HEAR ABOUT THE MEETING?

(Select one box below)

- Colleague CYTO Website e-blasts
- Printed Materials
- Other _____

DEGREE (Select one box below)

- Ph.D. M.D. M.A./M.S. B.A./B.S. DMV/DVM
- D.O. DDS Associate
- Other _____

FIELD OF STUDY: (Select one box below)

- Biological Sciences Chemical Sciences
- Computer Sciences Engineering
- Medicine Physical Sciences
- Other _____

REGISTRATION SELECTIONS (Please select registration type)

- Member \$675
- Nonmember \$800
- Student Member** \$275
- Student Nonmember** \$300
- Shared Resource Lab Junior Staff (SRL) Member** \$275
- Shared Resource Lab Junior Staff (SRL) Nonmember** \$300
- One-Day Member \$275
- One-Day Nonmember w/Membership* \$400

Select the day attending:

- Saturday Sunday Monday Tuesday Wednesday

Nonmember fee includes membership with Society for 2018 with an electronic subscription to Cytometry Part A. Nonmember Student and SRL Staff includes membership without an electronic subscription to Cytometry Part A.

**** See page 2 for Student/SRL registration eligibility.**

- Companion Registration \$150

Companion First/Last Name

ARE YOU A FIRST TIME ATTENDEE?

- Yes No

The CYTO 2018 – 33rd Congress of the International Society for Advancement of Cytometry

WHAT IS YOUR INSTITUTIONAL SETTING? (Select one box below)

- Biotechnology Company
 Government
 Hospital
 Medical School
 Non-profit
 Out-patient Clinic
 Pharmaceutical Company
 Testing Laboratory
 University
 Other _____

WHAT IS YOUR TITLE/JOB DESCRIPTION? (Select one box below)

- Consultant
 Core Facility Manager
 Core Facility Tech
 Director
 Graduate Student
 Physician (Resident, Senior Resident, Attending)
 Post-doc
 President/CEO
 Scientist
 Senior Scientist
 Technician
 Undergraduate Student
 VP
 Other _____

DONATE TO THE ISAC FUND FOR GLOBAL CYTOMETRY EDUCATION

Contributing Donor-Donation	\$1 - 249	_____
Sustaining Donor-Donation	\$250 – 499	_____
Partner Donation	\$500 – 999	_____
Patron – Donation	\$1000 – 2,499	_____
Other Donation Level		_____

****STUDENT/SHARED RESOURCE LAB JUNIOR STAFF (SRL) REGISTRATION ELIGIBILITY**

Name of Department Head or Head of SRL Lab (Please print name)

Department Head or SRL Director/Manager Email Address

Please note that the CYTO 2018 Program and Abstracts book will be available on the mobile app and as a pdf on the 2018 Congress website in April. With the mobile app, you will be able to view the full program schedule, search and view abstracts, search authors & speakers, search Exhibitors and view company descriptions, create your own Congress schedule with reminders, and more.

A copy of the printed daily schedule, which does NOT include the abstracts, will be distributed onsite at the Congress registration desk. Please indicate below if you would like a copy of the printed daily schedule.

Yes No

REGISTRATION PAYMENT FORM - Full payment must accompany your registration form. Check payments must be drawn on U.S. bank in U.S. funds and made payable to ISAC. Purchase orders will not be accepted.

TOTAL PAYMENT \$ _____ Select one: Visa MasterCard American Express Check

Credit Card # _____ Expiration Date _____

Signature _____

Your signature authorizes your credit card to be charged for the total payment above.

Print Name _____

Terms and Conditions:

- Request for refunds must be received in writing by email or mail before March 21, 2018
- A \$100 non-refundable processing fee will be deducted from your refund.
- Please send refund request to leftwich@faseb.org
- No refund will be issued after March 21, 2018
- The required 21% Czech Value Added Tax (VAT) will be added to your total registration amount.
- Please click the following link for the additional information on the ISAC Policy and Procedures;
<https://www.xpressreg.net/register/cyto0418/assets/pdf/ISAC%20Policy%20and%20Procedures.pdf>

Acceptance of Terms and Conditions -

Accept

Decline