

Early Registration Deadline: April 11, 2019 (11:59PM, EST)
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

Name:		
		SOCIAL EVENTS
Company/Institute:		(Please select event(s) below you are attending).
Donartment		The following social events are included with the Full Registration
Department:		Fee. One-Day registrants may purchase a ticket for the Closing
Street Address:		Reception below. Please select the events you plan to attend.
		Opening Recention (Sunday, June 22)
Street Address 2:		☐ Opening Reception (Sunday, June 23) ☐ Happy Hour in the Exhibit Area (Monday, June 24)
		Le goûter(pastries/cookies) in Exhibit Hall
City:State/Province:		Tuesday, June 25)
7th / Dantal Carlos		` ' '
Zip/Postal Code: Country:		Additional CYTO 2019 Closing Reception Ticket(s)
Tel: Fax: Cell: _		\$60 x = \$
		If you have registered for the full CYTO congress, a coupon for the CYTO
Email:		2019 Closing Reception (Wednesday, June 26) will be included in your
		registration. You must exchange the coupon for the actual entrance
Emergency Contact Name:		ticket at the CYTO registration desk by 9:00 AM on Sunday, June 23.
Emergency Contact Phone Number:		CYTO Innovation – Saturday, June 22
		☐ Yes, I plan to attend
REGISTRATION SELECTIONS (Please select registrati	on type)	i i
		Shared Resource Laboratory (SRL) Networking Event
☐ Member	\$600	Saturday, June 22
□ Nonmember	\$725	·
☐ Student Member**	\$250	Yes, I plan to attend
☐ Student Nonmember**	\$270	· ·
☐ Shared Resource Lab Junior Staff (SRL) Member**	\$250	ARE YOU A FIRST TIME ATTENDEE?
☐ Shared Resource Lab Junior Staff (SRL) Nonmember**	\$270	Yes 🔲 No 🗖
☐ One-Day Member	\$250	
☐ One-Day Nonmember w/Membership*	\$300	ONLY ANSWER BELOW IF "YES" WAS SELECTED ABOVE
_ = = = = = ,	4000	
Select the day attending:		Are you planning to attend the First Time Attendee and New
□Saturday □Sunday □Monday □Tuesday □Wednesday		Member Orientation on Sunday, June 23?
		☐ Yes ☐ No
Nonmember fee includes membership with Society for 20:		
subscription to Cytometry Part A. Nonmember Student ar		
membership without an electronic subscription to Cytome	etry Part A.	HOW DID YOU HEAR ABOUT THE MEETING?
***************************************		(Select one box below)
** See page 2 for Student/SRL registration eligibility.		`
☐ Companion Registration	\$150	☐ Colleague ☐ CYTO Website ☐ e-blasts
a companion negistration	7130	☐ Printed Materials
		☐ Other
Companion First/Last Name		
GDPR Privacy – For Residents of the European Unio		
,		Data Services GDPR Privacy Policy before you can continue.
(<u>Learn More</u>)		stering for someone else
☐ I do not agree (If selected	your registration will no	ot be completed)

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The CYTO 2019 – 34th Congress of the International Society for Advancement of Cytometry

DEGREE (Select one box below)		
□ PhD. □ 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		
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 2019 Program and Abstracts will be available as a PDF on the 2019 Congress website in June. You may download the PDF to your personal device or access the latest meeting content using the CYTO mobile app! 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. The CYTO mobile app will be live 2-4 weeks prior to the meeting.		
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.		
Terms and Conditions: Request for refunds must be received in writing by email or mail before May 17, 2019 A \$100 non-refundable processing fee will be deducted from your refund. Please send refund request to registration@cytoconference.org No refund will be issued after May, 17, 2019 Please click the following link for the additional information on the ISAC Policy and Procedures; http://cytoconference.org/2019/General-Information/Code-of-Conduct-and-Policies.aspx		
Acceptance of Terms and Conditions -		