

The CYTO 2015 – 30th 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 _____

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

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

Department Head or SRL Director/Manager Email Address

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

Signature _____

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

Print Name _____

Credit Card # _____ Expiration Date _____

REGISTRATION CANCELLATION POLICY

Notification of cancellation must be submitted to the CYTO Conference Management Office in writing prior to May 24, 2015. Cancellations received by May 24, 2015 will be subject to a \$100 non-refundable processing fee. No refunds will be issued after May 24.