

2025 99th Annual Meeting

February 20–21, 2025 | Swissôtel, Chicago, IL | Official Registration Form



COMPANY INFORMATION

Laboratory/Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Contact's Email: _____

Suggested topic(s) for Closed Forum: _____

MEMBERSHIP INFORMATION

NEW FOR 2025 - All membership renewals MUST be completed on the separate Membership Information Verification Form.

TOTAL

COMPLIMENTARY REGISTRATION

All 2025 members receive one complimentary registration as a membership benefit.

Name: _____ Nickname: _____ CDT MDT RG RDT Other _____

Email: _____ CDT #: _____ Lunch Thursday? Y N Food Allergies: _____

Are you attending the after party Thurs. night? Y N

ADDITIONAL ATTENDEES

Do you wish to register an additional attendee? Yes — \$415 No Name: _____ Nickname: _____

CDT MDT RG RDT Other _____ CDT #: _____ Email: _____

Are you attending the after party Thurs. night? Y N Lunch Thursday? Y N Food Allergies: _____

Do you wish to register an additional attendee? Yes — \$415 No Name: _____ Nickname: _____

CDT MDT RG RDT Other _____ CDT #: _____ Email: _____

Are you attending the after party Thurs. night? Y N Lunch Thursday? Y N Food Allergies: _____

Do you wish to register an additional attendee? Yes — \$415 No Name: _____ Nickname: _____

CDT MDT RG RDT Other _____ CDT #: _____ Email: _____

Are you attending the after party Thurs. night? Y N Lunch Thursday? Y N Food Allergies: _____

Do you wish to register an additional attendee? Yes — \$415 No Name: _____ Nickname: _____

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Are you attending the after party Thurs. night? Y N Lunch Thursday? Y N Food Allergies: _____

Do you wish to register an additional attendee? Yes — \$415 No Name: _____ Nickname: _____

CDT MDT RG RDT Other _____ CDT #: _____ Email: _____

Are you attending the after party Thurs. night? Y N Lunch Thursday? Y N Food Allergies: _____

Subtotal of all registrations: _____

PAYMENT METHOD

Jotform (online)

Check

Credit Card Authorization (see below)

Credit Card Holder Name: _____ Authorized Amount: \$ _____ USD

Credit Card #: _____ Expiration: _____ CVV2: _____

Address: _____ Country: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Signature: _____

PRE-REGISTRATION DEADLINE: RECEIVE BY FEBRUARY 4, 2025. | NO SHOW = NO REFUND

Registrations will be processed upon receipt of 2025 dues payment and information verification form (invoice mailed separately). Since Cal-Lab is a members only meeting, onsite registrations require verification of employment i.e. business card, a signed letter from the laboratory owner/manager, etc. **Payment must be made with onsite registrations.** Cal-Lab will not invoice your lab/company for onsite registration. **Lunch is not available for onsite registrations** because food and beverage counts must be guaranteed a minimum of 3 business days prior to the event. Registration fees may not be adjusted in lieu of meals. Cancellations for additional attendees received in writing prior to February 6, 2025 may receive refund after show less a \$25 processing fee for each. No refunds after February 4, 2025. Dues will not be refunded and unused complimentary registrations have no cash value. Cal-Lab Association assumes no responsibility other than refunding additional registration fees paid if the program is cancelled due to any reason that is out of the control of the sponsor. By registering for this meeting, I understand that my contact information may be provided to the participating exhibitors and that my photo could be used in highlights and/or promotional materials. Requests for reasonable accommodations as provided by the ADA, must be received in writing in the Cal-Lab Association office by January 10, 2025.

PLEASE RETURN COMPLETED FORM TO:

Cal-Lab Association | PO Box 206, Elkin, NC 28621 | P: (336) 975-0029 | F: (336) 975-0033 | contactus@cal-lab.org | www.cal-lab.org