 **ASCLS-ID Spring Convention April 11-13, 2019**

 **Facility Registration**

Deadline for pre-registration is March 22, 2019 after that date $25.00 fee applies

 Institution: \_ \_ \_

 Address: \_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The facility pass is good for 4 participant registrations for $250.00. One person can take more than one participant slot. Meal tickets for time slot chosen are included with each facility registration. Additional meal passes can be purchased for $15.00 per meal. The Friday night awards banquet dinner (6-8:30 pm) is an additional $25.00 per person and is NOT included with the facility pass. Please contact us if there are any food allergies, we will try to accommodate. See the ASCLS-Idaho website (asclsidaho.org) for additional information.

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| **PARTICIPANTS- Name and email**Fill in up to 4 participant lines. Each participant can choose from the following time slots. Details on sessions can be viewed on the ASCLS Idaho website. Fill in participant name, classes and meals that correspond to time slot chosen:* Thurs. 9-2:00 pm
* Thurs. 12:45-6:00 pm
* Friday 8-2:00 pm
* Friday 12:45-5:30 pm
* Saturday 8:00-1:30 pm
 | **Thursday April 11** | **Friday April 12** | **Saturday April 13** |
| Thursday AM & PM Sessions | Scientific Lunch 12:45-2:00 pm |  Thursday Vendor 4:00 pm-6:00pm | Breakfast with Vendors 8-9:30 am | Lunch with vendors 12:45-2:00 | Banquet 6:00-8:30 pm-extra charge | Keynote Speaker 9:30-1:00am | Friday AM & PM Sessions  |  Student Poster Session 4-5:30 pm |  Educators Forum 8-9 am |  |  | G5 General Session 10:30-12pm | Saturday Business Lunch 12-1:30 pm |
| 9:3011am | 11:15-12:45pm | 2:00-3:30pm | 11:15-12:45pm | 2:00pm-3:30pm |  G4 General Session 9-10 am |
| G1 | G2 | A1 | A2  | B 1 | B2 | B3 | B4 | B5 | B6 |
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| Make check payable to **ASCLS-ID** |  | Number of institutional passes |  X $250.00= \_  |
| Mail payment and completed registration form to:For credit c | **Debbie Cutforth** | Additional meal passes |  X $ 15.00=  |
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| **email questions to: debbie.russell@pchd.net**  | **American Falls, Idaho 83211** |  | **Total** = \_  |

 To pay by credit card visit [http://ezregister.com/events/27400/](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Feur04.safelinks.protection.outlook.com%2F%3Furl%3Dhttp%253A%252F%252Fezregister.com%252Fevents%252F27400%252F%26data%3D02%257C01%257C%257Ce33da0ce238d4162694c08d69e8d27b3%257C84df9e7fe9f640afb435aaaaaaaaaaaa%257C1%257C0%257C636870726420028462%26sdata%3DypNGi2MbtlEvJhYjglXCCsffoGEj6mBqI6ZXu7DdJs8%253D%26reserved%3D0&data=02%7C01%7C%7C9cedcf7e59d840b0e4a408d69e96ac42%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C636870767299399456&sdata=4E4lZvHknlePqTZxqEWEj%2FNQfmMBbIU%2B3kRaJIDnFJY%3D&reserved=0)