33rd VIRTUAL ANNUAL MEETING REGISTRATION

August 2020

REGISTRATION FORM

PLEASE PRINT

Name	
Degree	
Affiliation	
Address **Home ____** **Workplace ____**	
City, State, ZIP	
Telephone and Fax	/
E-mail	
Current Member	**____ $200 Through July 30, 2020 (entire meeting +)** **____ $225 After July 30, 2020 (entire meeting +)** **____ $75 One Plenary Session* (four lectures +)**
Non-Member	**____ $275 Through July 30, 2020 (entire meeting +)** **____ $300 After July 30, 2020 (entire meeting +)** **____ $100 One Plenary Session* (four lectures +)**
MT/CLS, Students and Post-Doctorals (letter from lab director or mentor required)	**____ $100 Through July 30, 2020 (entire meeting +)** **____ $150 After July 30, 2020 (entire meeting +)** **____ $50 One Plenary Session* (four lectures +)**
***Plenary Session(s) (please check your choices) THIS IS IMPORTANT!**	**___ Session 1: Histocompatibility Testing and Transplant Immunology** **___ Session 2: Case Studies and Neter Award Lecture** **___ Session 3: Secondary Immunodeficiency and Immunotherapy Monitoring** **___ Session 4A: ANA Update** **___ Session 4B: Covid-related** **___ Session 5: Emerging Infectious Diseases and New Algorithms for Testing HIV, Lyme, etc.**
PLUS (+) Elements	• **AMLI Virtual Meeting Syllabus will be available online** • **All live presentations will also be recorded and placed on AMLI Registrant-Only website** • **Abstracts Poster Presentations will be presented on an AMLI Registrant-Only website** • **The Abstract Committee will make cash awards as in the past**
Payment Info	**____ Check enclosed (payable to AMLI)**
We do not accept American Express **Please print except for signature!** ***Provide billing address if different from above.**	**____ Credit Card (circle one)** **VISA MasterCard** **Card# _____** **Expiration Date: _____ CVV Code: _____** **Name on card: _____** ***Billing Address: _____** **City_____State_____Zip_____** **Signature _____** **Amount of Charge $_____Date_____**

Print and Mail, Email or Fax Completed Form and Payment to:
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