



# CRB Laboratory Management and Leadership Development Workshop

## Registration Form

Please register me for the August 10, 2024, Workshop

Name \_\_\_\_\_ Member # \_\_\_\_\_  
 Company \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Mailing Address:  Home  Work  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**PAYMENT METHOD**

Check payable to **AAB**  
 Please charge my  MasterCard  VISA  AMEX  Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
Print name as it appears on card Cardholders signature

<b>Save \$100 - Register Early!</b>	<b>On or Before 7/19/24</b>	<b>After 7/19/24</b>	
<input type="checkbox"/> <b>Workshop Registration - AAB (CRB) Member</b> .....	\$ 489.....	\$ 589.....	= \$ _____
<small>Includes educational sessions and handouts, networking lunch and two breaks</small>			
<input type="checkbox"/> <b>Workshop Registration - Nonmember*</b> .....	\$ 559.....	\$ 659.....	= \$ _____
<small>Includes educational sessions and handouts, networking lunch and two breaks</small>			
<b>*AAB members save up to \$170 off registration fees!</b>			
<i>Join AAB today to register for the AAB member/early bird fee – a savings of up to \$170!</i>			
<i>Complete the following if you wish to apply for AAB membership:</i>			
<b>AAB Membership</b> <input type="checkbox"/> \$295 Director <input type="checkbox"/> \$120 Manager/Supervisor			\$ _____
<b>AAB College Of Reproductive Biology (CRB) Membership. FREE</b> to AAB members in good standing.			\$ <u>FREE</u>
Job Duties _____			
Do you have any ownership interest in your laboratory? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		<b>AMOUNT PAID</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>

**FOUR EASY WAYS TO REGISTER:**

- Online:** [www.aab.org/aab/LMAL.asp](http://www.aab.org/aab/LMAL.asp)
- Phone:** Call (314)241-1445 and have your credit card information ready. (MC/VISA/AMEX/Discover ONLY.)
- Fax:** Here's our 24-hour fax number for your convenience (314)241-1449. Fill out the registration form with your credit card information.
- Mail:** Fill out the registration form and mail with applicable payment to: **AAB, 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448**

