



# Registration Form

## 2024 NILA Lab Leaders Forum and Mid-Year Meeting

**Registration is limited to current and new NILA Members**

- YES, I will attend the May 9-10, 2024, NILA “Lab Leaders Forum”
- I am registering as a current member     
  I am registering as a new member

Please print name(s) below of attendee(s) from your laboratory as they should appear on nametag(s):

1. Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Laboratory Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile Phone: \_\_\_\_\_
  
2. Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Laboratory Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile Phone: \_\_\_\_\_
  
3. Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Laboratory Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

	Earlybird* By 4/30/24	Regular After 4/30/24		
<b style="color: red;">Lab Leaders Forum Registration</b> Includes Seminars, Continental Breakfasts and Breaks (5/9, 5/10), and Lunch (5/9) and all AAB educational sessions and food functions on 5/8/24.	<b>\$599</b>	\$679	x _____	individual(s) = \$ _____
<b style="color: red;">Guest/Spouse Package</b> Includes Continental Breakfasts and Breaks (5/9, 5/10), and Lunch (5/9) and all AAB educational sessions and food functions on 5/8/24.	<b>\$279</b>	\$299	x _____	individual(s) = \$ _____
<b>Name(s):</b> _____				
<b style="color: red;">Spouses and Guests may purchase individual tickets as follows:</b>				
Continental Breakfast, Thursday, May 9	\$69	\$69	_____	tickets x \$69 = \$ _____
Lunch Thursday, May 9	\$96	\$96	_____	tickets x \$96 = \$ _____
Continental Breakfast, Friday, May 10	\$69	\$69	_____	tickets x \$69 = \$ _____
<b>TOTAL DUE</b>				<b>\$ _____</b>
<b style="color: red;">*Early Bird is defined as registering on or before April 30, 2024.</b>				

**PAYMENT METHOD**

Amount enclosed: \$ \_\_\_\_\_

Check  
  Money Order  
  Credit Card:  
  American Express  
  MC  
  VISA  
  Discover

Credit Card # \_\_\_\_\_ CVC \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name On Card \_\_\_\_\_ Signature \_\_\_\_\_

(Please print as name appears on charge card)                     
 (Cardholder's signature required to validate order)

**Please return completed registration form and applicable payment to: NILA, 906 Olive Street, Suite 1200, St. Louis, MO 63101 Fax: 314-241-1449, Email: nila@nila-usa.org**