



AMERICAN SOCIETY of HEMATOLOGY
2021 L Street, NW, Suite 900, Washington, DC 20036

**2010 State-of-the-Art Symposium
September 24-25, 2010 • Chicago, IL
Registration Form**

The 2010 ASH State-of-the-Art Symposium (SAS) will begin at 12:00 noon on Friday, September 24, and conclude on Saturday, September 25, at 3:45 p.m. Session topics will include recent advances in hematologic malignancies and thrombotic disorders. For complete meeting details, visit www.hematology.org/sas.

In order to maximize the educational experience, attendance at the State-of-the-Art Symposium is limited; advance registration is strongly encouraged. Your registration fee includes admission to the educational sessions, exhibit hall, and networking reception on Friday, breakfast and lunch on Saturday, as well as CME processing.

Meeting Location and Hotel Accommodations

Palmer House Hilton

17 East Monroe Street, Chicago, IL 60603

Phone: 877-865-5321

For booking information, visit www.hematology.org/sas.

First Name: _____ M.I.: _____ Last Name: _____ Degree: _____

Institution/Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ E-Mail: _____

(For international numbers please include country and city codes.)

ADVANCE REGISTRATION FEES (Please check one.)

Advance registration rates are available until September 3, 2010.

ASH Member: \$275

ASH Associate Member: \$135

ASH Membership ID Number: _____
(Required if registering at ASH member rates)

Allied Health Professional: \$175

Non-Member: \$375

Non-Member Resident or Fellow: \$150

Non-member residents and fellows must provide an original letter on their institution's letterhead. This letter, which must accompany the registration form and payment, has to be signed by a training program director and state that the registrant is enrolled in a training program.

Amount Due: \$ _____

Check (Make checks payable to the American Society of Hematology. Payment must be in U.S. dollars and drawn on a U.S. bank.)

Credit Card: VISA MasterCard American Express

Card Holder's Name: _____

Card Number: _____ Exp. Date: _____

Card Holder's Signature: _____
Your signature authorizes your credit card to be charged for the total payment due. ASH reserves the right to charge the correct amount if different from the total listed.

Cancellations must be e-mailed to cme@hematology.org by August 31, 2010, to receive a refund. A \$25 processing fee will be deducted from your refund. No refunds will be granted after August 31.

**REGISTRATION FORM AND PAYMENT MUST BE MAILED TO THE FOLLOWING ADDRESS:
ASH Administration, P.O. Box 791210, Baltimore, MD 21279-1210**

- Do not send overnight packages to the above address.
- Registration forms received without full payment will not be processed.
- Please make a copy of your completed form before mailing your registration form.
- By completing this registration form, you agree to abide by the rules and regulations set forth for this meeting.