

REGISTRATION FORM

2009 TELECONFERENCES

ALL TELECONFERENCES ARE ON WEDNESDAYS AT 1:00 P.M. EASTERN TIME

PLEASE INDICATE TELECONFERENCE SELECTION(S) AND OTHER FEES.

T075	February 25	Why, When and How to Collect Wound Culture Specimens	\$100	_____
T076	March 11	Clinical Laboratory Standards Institute Update on Antimicrobial Susceptibility Testing	\$100	_____
T077	March 25	Norovirus Diagnosis and Epidemiology	\$100	_____
T078	April 8	Diagnostic Medical Parasitology Update, 2009: What's New?	\$100	_____
T079	May 13	Breaking News in Medical Microbiology	\$100	_____
T080	May 27	Rapid Viral Diagnostics for Every Laboratory	\$100	_____
T082	July 1	Anaerobe Identification: An Update	\$100	_____
T083	July 15	An Ounce of Prevention is Worth a Pound of Cure: An Update on New Vaccine Recommendations	\$100	_____
T081	August 12	The Rise of Community-Associated MRSA	\$100	_____
T084	September 2	Zoonotic Larva Migrans: Raccoon Roundworm Infections and More	\$100	_____
T085	September 23	Emerging Infections	\$100	_____
T086	October 7	Laboratory Biosafety: Is the Air in your Lab Safe?	\$100	_____
T087	October 21	Clinical Significance and Detection of Carbapenemases and other Newer β -Lactamases	\$100	_____
T088	November 11	Laboratory Diagnosis of STEC Infections	\$100	_____
T089	December 2	Laboratory Diagnosis of Viral Hepatitis: An Update	\$100	_____
T090	December 16	Laboratory Diagnosis of <i>Clostridium difficile</i> Infection	\$100	_____

TOTAL _____

PLEASE INDICATE THE EXPECTED NUMBER OF PARTICIPANTS: 1-10 11-20 21-30 over 30

Note: If you are using this form to register for a teleconference (instead of online), ASM must receive this via fax or mail 2 weeks prior to the scheduled teleconference date.

Please Print Clearly.

CONTACT NAME AT FACILITY _____

ORGANIZATION/INSTITUTION _____

DEPARTMENT/ROOM NUMBER _____

STREET ADDRESS (FEDEX DELIVERY REQUIRES A STREET ADDRESS) _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

E-MAIL _____ TELEPHONE NUMBER _____ FAX NUMBER _____

Method of Payment (check one):

- () Check or Money Order enclosed (Payable to ASM Teleconferences)
 () VISA () MasterCard () American Express
Sorry, we cannot accept purchase orders or wire transfers.

CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____ DATE _____

NAME AS IT APPEARS ON CARD _____

How did you first hear about ASM's Teleconferences?

- ASM Microbe Magazine Ad
 ASM Journal Ad
 ASM Promotional Email
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 ASM.org
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 Other (please specify below):

Please mail registration forms to:

ASM Teleconferences Registration
 1752 N Street, NW,
 Washington DC 20036-2904

or fax forms to **202.942.9340**

For questions or additional information, call: **202-942-9320** or visit **www.asmaudio.org**.