

REGISTRATION FORM

2010 TELECONFERENCES

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

PLEASE INDICATE TELECONFERENCE SELECTION(S) AND OTHER FEES.

T094	March 24	HPV Molecular Testing and the Role of Genotyping	\$100 _____
T095	April 7	MRSA Treatment Options and What to Report	\$100 _____
T091	April 21	New and Evolving Susceptibility Testing Recommendations	\$100 _____
T093	April 28	Antimicrobial Stewardship: Concepts and Management Strategies	\$100 _____
T096	May 5	Current Diagnostic Test Choices for Group B Streptococcus Colonization Screening for Antepartum or Intrapartum Patient	\$100 _____
T097	June 2	Understanding the Increasing Complexity of the Microbiology of Chronic Infection in Cystic Fibrosis	\$100 _____
T105	June 16	Laboratory Diagnosis of Urinary Tract Infections	\$100 _____
T098	July 28	Bacterial Identification by DNA Sequencing in a Clinical Laboratory	\$100 _____
T099	August 11	Pertussis in the 21st Century: The Laboratory Diagnostic Challenge Continues	\$100 _____
T100	August 25	Pros and Cons of Screening Assays in the Diagnosis of Tuberculosis	\$100 _____
T101	September 15	The Multi-tasking Specimen Type: Molecular Testing for STDs from Liquid-Based PAP Specimens	\$100 _____
T102	September 29	Direct Detection of MRSA in Clinical Samples	\$100 _____
T092	October 13	Cost-effective, Clinically-relevant Work Up of Wound Specimens	\$100 _____
T103	October 20	Case Presentations in Pediatric Infectious Diseases: Focus on Bacterial Agents Causing Invasive Infections	\$100 _____
T104	November 3	Practical and Rapid Viral Culture Diagnostics	\$100 _____

TOTAL _____

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
- ASM Postcard or direct mailpiece
- ASM.org
- eStore.ASM.org
- ASM CE Portal
- Colleague
- 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: **202-942-9313** or visit **www.asmaudio.org**.