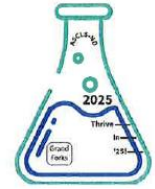




“Thrive in 25” Spring Symposium



Educational Symposium Registration Form

American Society for Clinical Laboratory Science - North Dakota

Thursday May 8, 2025: Hilton Garden Inn Grand Forks, ND

Friday May 9, 2025: UND School of Medicine and Health Sciences, Grand Forks, ND

Join us for networking with Lab Professionals from all over the region. P.A.C.E credits will be awarded for sessions attended. See list of Educational Session’s topics below.

When: May 8, 2025

Where: Hilton Garden Inn, 4301 James Ray Drive, Grand Forks, ND

When: May 9, 2025: Simulator Tours 8 AM, 8:30 AM, Educational Sessions 9:00 am – 2:20 pm

Where: UND School of Medicine and Health Sciences

1301 North Columbia Road

Grand Forks, ND 58203

Phone #:?

Accommodations: Hilton Garden Inn

4301 James Ray Drive

Grand Forks, ND 58201

Phone 701-775-6000

Fax 701746-0298

Thurs May 8, 2025	Time frame	Fr. May 9, 2025	Time frame
Session 1	1230-1320	SMHS Simulation Center tours	800, 830
Session 2	1330-1420	Session 5	900-950
Session 3	1430-1520	Session 6	1000-1050
Session 4	1530-1620	Session 7	1100-1150
		Lunch and State Business meeting	1150-1320
Exhibits, hors d’oeuvres, games	1800-2030	Session 8	1320 – 1420 or 1350 – 1450

REGISTRATION INFORMATION

Complete & submit registration form and payment by mail or website.

Pre-registration is required.

Registrations must be postmarked by April 27 2025

Late fee of \$20 applies after April 27, 2025

Registration Fees:	Conti Ed PM 5/8/25	Exhibits Only PM 5/8/25	FULL 5/8/25 5/9/25	AM/PM 5/9/25	Virtual 5/9/25
Thursday PM Social only (1800-2030, 6 PM- 8:30 PM)		\$20.00			
ASCLS Member	\$55 +		\$130	\$55 +	
Non-member	\$60 +		\$145	\$60 +	
ASCLS Student member	*		\$75	*	*
Student Non-member			\$90	*	*
Virtual Attendee				\$40 +	\$40 +
Late Fee applied after 5/27/2025					

+Exhibit/Social not included

*This option not available for student attendees

Note: Minimal Service charge will be applied for online registration

How to register and submit payment:	
<ul style="list-style-type: none"> • Complete form online • https://www.asclsnd.org <ul style="list-style-type: none"> ○ Register at the ASLCS-ND website ○ Select attendance option ○ Complete payment electronically • Payment via check (payable to ASCLS-ND) <ul style="list-style-type: none"> • OR 	Mail check to: Jessica Fry 711 N. 28 th St. Bismarck ND58501

SYMPOSIUM REGISTRATION FORM

Name: _____ Member #: _____
 Street Address: _____ (required for member registration fee)
 City: _____ State: _____ Zip: _____
 Facility: _____ Phone: _____
 Email: _____
 (required for registration invoice & confirmation and/or follow up communication if needed)

I would love to be a moderator – Yes/No: _____

Registration Fee: \$ _____ Late Fee (after 5/27/25): \$ _____ Total Fee Submitted: \$ _____