A diagram of a beaker

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**ASCLS-ND 2025 State Meeting**

***Theme: Thrive in 2025***

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

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

**Educational Symposium Registration Form**

*Join us to network with laboratory professionals from around the region. P.A.C.E. credits will be awarded for each educational session attended up to 8 total credits.*

**REGISTRATION**

Directions:

* Registration & payment can be completed online (with minimal service charge) through the ASCLS-ND website: [www.asclsnd.org](http://www.asclsnd.org) OR by mail using information provided at the end of this form.
* Registrations must be postmarked by **April 20, 2025**. Registrations received after this date will be charged a $20 late fee.

**PRICING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ASCLS Member** | **Non-**  **Member** | **Student ASCLS Member** | **Student**  **Non-Member** |
| **Single Day (5/8 OR 5/9)** | $65 | $75 | $5 | $10 |
| **Both Days (5/8 AND 5/9)** | $130 | $150 | $10 | $20 |
| **Vendor Social Only (5/8, 6-8pm)** | $15 | $20 | $5 | $10 |

**ACCOMODATIONS**

A block of hotel rooms has been reserved for ASCLS-ND attendees at a price of $110.00 per night. Reservations must be made by **March 29th, 2025,** to be eligible for the block price (subject to availability - we encourage you to make your reservations early).

A sign in front of a hotel

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Hilton Garden Inn

4301 James Ray Drive

Grand Forks, ND 58201

Phone: 701-775-6000

**SCHEDULE**

|  |  |
| --- | --- |
| **Thursday, May 8th, 2025**  Hilton Garden Inn | |
| **Time** | **Activity** |
| 10:30-11:30am | ASCLS-ND Board Meeting (for current ASCLS-ND Board Members) |
| Noon-12:50pm | Session 1 (Opening Keynote) |
| 1:00-1:50pm | Session 2 |
| 2:00-2:30pm | SNACK & STRETCH BREAK |
| 2:30-3:20pm | Session 3 |
| 3:30-4:20pm | Session 4 |
| 4:20-6:00pm | Optional UND Walking Tours |
| 6:00-8:00pm | Vendor Social |
| **Friday, May 9th, 2025**  UND School of Medicine & Health Sciences (SMHS) | |
| **Time** | **Activity** |
| 8:00-8:50am | BREAKFAST & Optional SMHS Building Tours |
| 9:00-9:50am | Session 5 |
| 10:00-10:50am | Session 6 |
| 11:00-11:50am | Session 7 |
| Noon-12:15pm | PICK-UP LUNCH |
| 12:15pm-1:15pm | LUNCH & ASCLS-ND Business Meeting (for all attendees) |
| 1:30-2:20pm | Session 8 (Closing Keynote) |
| 2:30-3:00pm | Optional UND SMHS Simulation Center Tours |

**---------------------------------------------------MAIL-IN REGISTRATION -------------------------------------------------------**

Directions: After filling in all the information below, detach this portion of the registration form. Then, please mail both this portion of the form and a check payable to “ASCLS-ND” to:

Jessica Fry  
711 N 28th St  
Bismarck, ND

Your Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(required for member registration fee)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(required for registration invoice & confirmation and/or follow-up communication, if needed)

I would like to volunteer as a session moderator – YES/NO: \_\_\_\_\_\_\_

I would like to attend a UND SMHS Simulation Center Tour at 2:30pm on Friday, May 9th – YES/NO: \_\_\_\_\_\_\_\_\_

Registration Fee: \_\_\_\_\_\_ Late Fee (after 4/20/25): \_\_\_\_\_\_\_\_ Total Fee Submitted: \_\_\_\_\_\_\_\_\_\_\_