



**NATIONAL PHLEBOTOMY ASSOCIATION
2017 EDUCATION CONFERENCE
REGISTRATION FORM**

**MALCOLM X COLLEGE AND
SCHOOL OF HEALTH SCIENCES
1900 WEST JACKSON STREET
CHICAGO, IL 60612
JULY 7-8, 2017**



Full Name: _____ CPT # _____
University/Organization: _____
Preferred Mailing Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Home Phone (_____) _____ Cell Phone (_____) _____ Email: _____

Register for the conference online at
<http://www.nationalphlebotomy.org> **then click on certification link**

CONFERENCE FEES

***CERTIFICATION MUST BE CURRENT**

***EARLY BIRD SPECIAL BEFORE MAY 29, 2017**

PLEASE CHECK APPROPRIATE REGISTRAION FEE:

Early fee for Members \$100

Late fee for Members \$150

Early Fee for Non-members \$150

Late Fee for Non-members \$200

Phlebotomy Student \$85

Early fee for Members 3 or more people \$95 per person

Early fee for Non-Members 3 or more people \$110 per person

Late fee for Members 3 or more people \$100 per person

Late fee for Non-Members 3 or more people \$120 per person

PAYMENT METHOD: Check or Money Order must be in U.S. funds payable to: **National Phlebotomy Association**. There will be a \$35.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard AMEX Expiration Date: _____

Card #: _____ Name of Cardholder: _____

Please Fax, Email or Mail completed registration form with payment to:

National Phlebotomy Association

**Address: 1901 Brightseat Road
Landover, MD 20785**

Phone: (301) 386-4200

FAX: (301) 386-4203

Email: <http://www.naltphle@aol.com>