Clinical Laboratory Scientist & Medical Laboratory Technician Review Seminars Directed Toward California Licensure 2008 Registration Form

Name:	*Your Selected Seminar Site*
Address:	
City: State: Zip:	UC Irvine Medical Center *(089-021)*
Home Phone:	Grunigen Medical Library Auditorium, Room 2107
Email:	101 The City Drive, Orange, CA
Employer:	November 22 & 23: 8:30am – 6pm
Work Address:	
City: State: Zip:	Student? [ ] Yes [ ] No
Work Phone:	Training Program:
FEE Schedule: Course fee includes one 2-day seminar, comprehensive course materials** and one graded mock examination***. Registration Fee: $175.00 ** complete set of course materials to seminar participants; some materials may be available for sale separately. *** participation in mock examination is voluntary	Method of Payment: Credit card, check, or money order [ ] VISA [ ] MasterCard Expiration date: _____ Card #: _____ Signature (required for credit card processing): _____
Advance Registration: You have the best opportunity of securing a seat in your "first choice" session if you register early. Registration and payment must be received at least 15 days prior to seminar date to guarantee on-site availability of course materials at the start of the session. On-Site Registration: On-site registrations will be accepted subject to space availability. Refund Policy: CAMLT reserves the right to cancel any program with insufficient registration. Registrants will be immediately notified and will receive a complete refund for programs cancelled by CAMLT. There may be changes in program content or faculty due to circumstances beyond our control. CAMLT is not responsible for penalties incurred as a result of cancellation, including non-refundable transportation fees and hotel room deposits. Cancellation Policy: For a full refund (less $10 fee) written cancellation notice must be postmarked or faxed no less than 21 days prior to seminar date. No refunds if written cancellation notice is postmarked or faxed less than 21 days prior to seminar date.	Make checks payable and mail to: CAMLT 1895 Mowry Ave., #112 Fremont, CA 94538 FAX: 510.792.3045 Questions? Contact CAMLT Executive Office: 510.792.4441 or www.CAMLT.org or email: dora@camlt.org Returned checks subject to a $20 fee