

SAN DIEGO, CA

# 2009 PATHOLOGY VISIONS

**Pathology Visions Conference**  
 San Diego, California  
 September 13-15, 2009  
 "Empowering Digital Pathology"

REGISTRATION INFORMATION

Registrant : \_\_\_\_\_  
 NAME (exactly as it will appear on name badge)

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

FEES & PAYMENT

September 13-15, 2009 San Diego, CA	Registration Rate
<b>Standard Registration</b> Includes admission to Sessions, Workshops, Meal Functions, and Welcome Reception.	<b>\$599</b>
<b>Affiliated Association/Society Registration</b> Members of the following organizations: ACVP, ASCP, CAP, CSP, and USCAP.	<b>\$499</b>
<b>Pathology Resident Registration</b>	<b>\$399</b>
<b>Spouse/Guest Registration</b> Includes admission to all meals and the Welcome Reception, but does not include admission to sessions.	<b>\$200</b>

Accommodations are available at the Marriott Hotel and Marina. Rate: \$235/night plus tax  
 Please reserve a room for me       No hotel needed  
 Check-in date: \_\_\_\_\_  
 Check-out date: \_\_\_\_\_

**Method of Payment (US Dollars)**  
 AMEX     MasterCard     Visa     Check or money order, payable to Pathology Visions

NAME (AS IT APPEARS ON CARD) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ VERIFICATION DIGITS \_\_\_\_\_  
(3-digit # on back of card, or 4-digit on front, if AMEX)

Authorized Signature \_\_\_\_\_

Please fax or mail the completed form to:  
 Pathology Visions- 1360 Park Center Drive- Vista, CA 92081  
 760.539.1193 (phone)· 760.539.1164 (fax)· info@pathologyvisions.com