



Order the Advance Registration Mail List By June 1 and Save!

Approximately 3,000 of the AACC conference and exhibits-only attendees will be registered by June 22nd*. List includes "Conference" and "Expo Only" registrants and will include individuals from IVD companies, consultants and others along with registrants from clinical labs who are registered in those categories. No one registered as an "Exhibitor" is included. This is a mail list only—no phone, fax, or email addresses are included. This list is available only to contracted 2007 exhibitors. Here are the details:

Quantity: Approx 3,000 registrants including 400+/- ASCLS Annual Meeting registrants
Delivery: Week of June 25, 2007
Format: Via email
3.5" disk, ASCII, comma delimited
Delivery Method: Email or Federal Express for disks

Cost: Ordered by June 1 \$895 (price includes Fedex delivery charges if applicable)
Ordered after June 1 \$995 (price includes Fedex delivery charges if applicable)
Additional lists are available at a 35% discount.

Note: **A sample or draft of the mailing piece must accompany each order**

* We expect very strong attendance at the Annual Meeting and Clinical Lab Expo. However, more and more registrants are "opting out" of receiving mailings—that is why the advance registration list is smaller than in previous years.

Please send the 2007 Clinical Lab Expo advance-registration list. This offer is available to contracted 2007 exhibitors only.

_____ Set(s) of the 2007 advance-registration list @ \$895 (when ordered by June 1)
_____ Set(s) of the 2007 advance-registration list @ \$995 (when ordered after June 1)

A 35% discount is available when ordering two (2) or more sets at the same time.

Label Format:

___ Email (your email address) _____
___ Disk

___ A sample or draft of mailing piece is enclosed.
___ A sample or draft of mailing piece will be sent on (date) _____.

Fax sample to M. Toal at 201-653-2420 or email to maxinet@schherago.com

___ Purchase Order # _____
___ Check for \$ _____ enclosed

Name: _____ Title: _____

Company: _____ Dept: _____

Street Address: _____

City, State, Zip: _____

Tel: _____ Fax: _____ Email: _____

FAX (201-653-2420) this order to Maxine Toal or mail it to the address above.