

Registrant First Name:

ASMS 2024

Registration Form for Conference and/or Short Courses

Registrant Last Name:

Page 1 of 2 – both pages must be completed.

ADVANCE REGISTRATION DEADLINE IS APRIL 30. FEES INCREASE BY \$50 AFTER THE APRIL 30.

Registrant Email:			Registrant Phone:		
Affiliation / Institute:					
Address:					
City, State (if US or Canada):					
Zip (Postal Code):			Country (if outside US):		
If registrant is student (full-time	ne), provide name and emai	il of advisor:			
Advisor name & email:					
*Member dues must be paid I	pefore registering at mem	ber rate.			
CONFERENCE REGISTRATIO	N (Select one)				
ASMS Member, \$250*		Non-member, \$500			
ASMS Student Member, \$115* Stu		Student No	ent Non-member, \$230**		
ADDITIONAL CONFERENCE	ITEMS				
Closing event ticket for registrant, \$40 Companion Badge (for registrant guest), \$10					
Closing event ticket for companion (must also purchase Companion Badge above), \$40					
TWO-DAY SHORT COURSE F ASMS Member \$500*, Non-me		n, June 1 &	2, 2024 (Select one)		
01 DMPK: Experimentation and Data Interpretation, must add \$173 for the required book			06 Peptides and Prot	eins in Mass Spectrometry	
02 Glycans and Glycoproteins in Mass Spectrometry		у		07 Protein Therapeutics: Practical Characterization and Quantitation by Mass Spectrometry	
03 LC-MS: Practical Method Development AND Bioanalytical Method Validation			08 Quantitative Proteomics: Case Studies		
04 Machine Learning for Mass Spectrometry Data Analysis		nalysis	Started	ometry Data Analysis: Getting	
05 Native Mass Spectrometry			10 Top-Down Proteon Analysis and Visualiz	mics AND Top-Down MS Data ration	

CONTINUE TO NEXT PAGE FOR ONE-DAY SHORT COURSES AND PAYMENT INFORMATION.



ASMS 2024

ONE-DAY SHORT COURSE REGISTRATION Sat. or Sun., June 1 or 2, 2024

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Saturday 11 LC-MS: Practical LC-MS/MS Method Development		Sunday 14 Ion Mobility Mass Spectrometry: An Introduction to Instrumentation, Applications, and Data Analysis	
Saturday 12 Top-Down Proteomics		Sunday 15 LC-MS: Practical Bioanalytical Method Validation by LC-MS/MS	
		Sunday 16 Lipidomic Workflows, An Introduction	
Sunday 13 Biomarker Assay Develope Application, Advanced Topics	ment and	Sunday 17 Top-Down MS Data Analysis and Visualization	
L REGISTRANTS MUST ACKNOWLEDGE AND Yes! Registrant acknowledges and will a			
Yes! Registrant acknowledges and will a	bide by the ASMS Cor	erence Regulations.	
Yes! Registrant acknowledges and will a s the registrant a health care provider (HCP) or	bide by the ASMS Cor	rerence Regulations. ve patient contact via medical research? Yes	
Yes! Registrant acknowledges and will a	bide by the ASMS Cor	rerence Regulations. ve patient contact via medical research? Yes	

PAYMENT METHOD AND FORM SUBMISSION INSTRUCTIONS

For credit card payment send this completed form to ASMS office by email (info@asms.org), fax (+1-505-989-1073), or mail to: ASMS Office, 2019 Galisteo St, Bldg i-1, Santa Fe, NM 87505, USA)

If payment is by check, please indicate this below and follow instructions below.

ASMS does not provide invoices for payment. If needed use this completed form as invoice for payment at your institution.

Credit Card Number (Visa, MC, Amex):	
Expiration Date:	
CVV:	

Payment is by check. Return this form with check payment by mail to ASMS, 2019 Galisteo St, Bldg i-1, Santa Fe, NM 87505, USA. Checks must be in USD and drawn from a bank located within the USA.

Cancellation Policy. Cancellation requests for refund must be sent to info@asms.org on or before **May 15**. After May 15, no refunds. For cancellation requests received on or by the May 15 deadline, a \$50 is deducted from the total refund to cover the cost of handling and processing.