



# CEC REGISTRATION FORM

Please register me with the CEC Scheme

Preferred diary format:

Paper

Excel spreadsheet

Upon registration it is my responsibility to furnish details of my yearly CEC activity to the Registrar.

First Name:	Surname:
Address: <i>Residential</i>	Address: <i>Work/Laboratory</i>

Member of the ASC?

Yes

No

*(Please tick)*

Your Qualifications: \_\_\_\_\_

Your Laboratory CEC Coordinator: \_\_\_\_\_

If not ASC member enclose annual CEC subscription fee \$170

Return To: CEC Registrar  
Australian Society of Cytology Inc  
PO Box 491  
NORTH ADELAIDE SA 5006