

# CELLULAR THERAPIES CERTIFICATE PROGRAM INSTITUTIONAL REGISTRATION FORM

Please complete all sections of this registration form. Incomplete forms may delay processing.  
Registration fees are nonrefundable. Individual registration is available on AABB marketplace.

## Institution Information: (All fields are required)

Facility Name: \_\_\_\_\_

Primary Contact (Individual name): \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Address (No P.O. Boxes): \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country (if other than USA) \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Primary Contact E-mail: \_\_\_\_\_

AABB Institutional Identification Number: \_\_\_\_\_

## Method of Payment: (Full payment must accompany registration form)

Total Number of Students: \_\_\_\_\_ **(complete student information on next page)**

Total Payment Amount: \$ \_\_\_\_\_

- Check Enclosed (Payable to AABB and in US currency)
- VISA/MasterCard     Diners Club     Discover     American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as printed on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

A payment confirmation will be provided within 2-5 business days.

## REGISTRATION FEES

Institutional Member	\$1395
Institutional Nonmember	\$1675
Bulk Institutional Member*	\$1186/person
Bulk Institutional Nonmember*	\$1424/person

*\*15% discount is offered for purchases of 4 or more program registrations.*

## REGISTER TODAY

**By Email:** [eLearning@aabb.org](mailto:eLearning@aabb.org)

**By Fax:** +1.301.951.3729

**By Mail:** AABB eLearning Dept.  
4550 Montgomery Avenue  
Suite 700 North Tower  
Bethesda, MD 20814 USA

## QUESTIONS?

+1.301.215.6482 | [eLearning@aabb.org](mailto:eLearning@aabb.org)

## CANCELLATION POLICY:

This program is offered in partnership with The George Washington University (GW). All cancellations must be made in writing and sent to [eLearning@aabb.org](mailto:eLearning@aabb.org). Cancellations received before the student application is submitted to GW will receive a full refund less a \$100 administrative Fee. There will be no refunds for cancellations after the GW application has been submitted.



Facility Name: \_\_\_\_\_

### Student Information:

Please provide first name, last name and email address for the students you have purchased the program for. AABB will create an account for each student and they will receive an email notification with instructions and a web link to The George Washington University (GW) website where s(he) will fill in a short application required to register for the program. All student accounts will be set up under the Facility Name and address noted above.

If you have more than 10 students, please provide the following information for each student in an excel file and email with registration form to [eLearning@aabb.org](mailto:eLearning@aabb.org).  
**All fields are required.**

1. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

3. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

4. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

5. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

6. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

7. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

8. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

9. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

10. First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

