

# CORPORATE AFFILIATE APPLICATION

*The Corporate Affiliate program runs from: 1/1/2012 - 12/31/2012*

Fee: \$2,750 per year

Contact Name

Company

Address

City/State/Zip

Country

Phone

Fax

E-mail

## Company Profile

Please provide a brief description (50 words or less) of your company for AABB internal use.

## Categorization of Equipment or Services (check all facilities for which your product or service is intended):

- |   |  |
|---|--|
| <input type="checkbox"/> Perioperative/Blood Management                       | <input type="checkbox"/> Immunohematology Reference Laboratory |
| <input type="checkbox"/> Cellular Therapies (HPCs, Somatic Cells, Cord Blood) | <input type="checkbox"/> Relationship Testing                  |
| <input type="checkbox"/> Blood Banking  | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Transfusion Medicine                                 |  |

## Payment Information

Check # (in U.S. Currency) payable to AABB

American Express     MasterCard     Visa

Credit Card #

Exp Date

Name on Card

Signature

Date

## Please return form with payment to:

AABB, Attn: Tamara Zein  
8101 Glenbrook Road  
Bethesda, MD 20814  
Fax: +1.301.215.5722

## Questions?

**Tamara Zein**  
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