



AABB BOSTON

REGISTER ONLINE AT WWW.AABB.ORG/ANNUALMEETING

BY MAIL: Experient, AABB Registration and Housing Bureau, 5202 Presidents Court, G100, Frederick, MD 21703

BY FAX: +1.301.694.5124 (U.S. & Intl.) **BY PHONE:** +1.800.424.5249 | +1.847.996.5829 (Intl.)

Please send your registration form to Experient, not AABB. Experient is AABB's registration and housing provider.

SECTION 1: ATTENDEE INFORMATION

*Indicates Required Fields

To qualify for member rates, please provide your member ID number.

Individual Member # _____

*First Name (for badge) _____

*Last Name (include suffix, please limit first and last name to 25 characters including spaces for badge) _____

Title _____

*Company Name (If currently unaffiliated, please print 'None') _____

*Street Address _____

Street Address 2 _____

*City _____

*State *Zip *Country/Postal Code (non-US) _____

This address is for my: Home Business

*Phone _____ Fax _____

*Email (Email confirmation of registration and housing will be sent if an email address is provided) _____

AABB will not sell or release your email address to third parties.

Degrees/Certifications:

- MLT SBB(ASCP) Rank _____
- MT MT(ASCP)SBB _____
- MT(ASCP) RN/LPN/BSN _____
- ART MD Other _____
- CCP PhD _____
- (NCLS)RT DO _____
- BB(ASCP) MBA _____
- MT(ASCP)BB _____

If you are claiming MOC/CC credits, please complete the following information:

Diplomate ID: _____

First Name: _____

Last Name: _____

Date of Birth (Month and Day Only): _____

By providing this information, you give AABB permission to share completion data with the ACCME and the specialty board.

If you are claiming California Labs credits, please complete the following information:

License Number: _____

First Name: _____

Last Name: _____

Date of Birth (Month and Day Only): _____

By providing this information, you give AABB permission to share completion data with the accrediting agency.

ACCME requires that we report the number of physicians in attendance at each program – please indicate if you are a physician. Yes No

SECTION 2: SPECIAL NEEDS AND DIETARY REQUESTS

Please check here if you have special needs and AABB will contact you. AABB must have notice by Aug. 31 to accommodate your request.

Special dietary requests: Kosher Vegetarian

SECTION 3: DEMOGRAPHICS

Gender: Male Female

A. *Is this your first AABB meeting? Yes No

B. *Regarding the purchase of supplies/services, do you (check one):

- Make final selections
- Make final recommendations
- Participate in the decision-making process
- I am not involved with this process

C. *Level of experience: 1-5 years 6-10 years 11-19 years 20+ years

D. Are you a United States government employee? Yes No
Are you a federal government employee? Yes No

E. *Indicate the facility type where you are employed (please check only one):

- Biotechnology/Industry
- Blood Center (collects blood, primarily provides blood and components to other facilities)
- Cellular Therapy Contract Manufacturer
- Contracted Cell Salvage Provider
- Cord Blood Bank
- Hematopoietic Progenitor Cell/Cellular Therapy Facility
- Hospital Blood Bank (collects blood, provides blood and components for transfusion)
- Hospital Transfusion Service (provides blood and components for transfusion)
- Cellular Therapy Laboratory within a Transfusion Service
- Molecular Testing Laboratories (uses molecular testing methods to identify red cell, platelet or neutrophil antigens)
- Research Facility/Institute
- Testing Laboratory Facility (performs testing for donors of blood products and/or cellular therapy products)
- Other _____

F. *Is the facility where you are employed an AABB institutional member?

No Yes, please list your Institutional Member Number: _____

G. *Are you working in an academic setting? Yes No

H. *Please indicate your primary roles (check no more than 3)

- Administrator/Business Operations
- CEO/COO/VP
- Collection (check all that apply):
 - Apheresis Blood Cord Blood Other Cell Therapy
- Consultant
- Donor Recruitment
- Education/Training
- Information Technology
- Inventory Management/Donor Product Procurement
- Laboratory Director
- Manager/Director/Supervisor
- Quality Assurance/Risk Management
- Perfusionist/Intraoperative/Postoperative Operator
- Pharmacist
- Physician (check all that apply):
 - Medical Director Physical-Clinical/Patient Care
 - Other Non-Clinical Responsibility
- Physician's Assistant/Nurse Practitioner
- Research/Research and Development/Scientist
- Regulatory/Compliance/Government Affairs/Legal Affairs
- Student (choose one of the following):
 - Medical Resident/Medical Student
 - Perioperative Student Technologist/MT/SBB/BB
- Supplier of Products/Services
- Technologist/Technician
- Other _____

SECTION 4: REGISTRATION FEES (IN US DOLLARS)

	EARLY BIRD Received On/Before 8/15/2018		ADVANCE Received between 8/16/2018 – 9/12/2018		LATE/ONSITE Received between 9/13/2018 – 10/16/2018	
	Full	1 Day	Full	1 Day	Full	1 Day
Member	\$725	\$215	\$935	\$275	\$1,150	\$340
Non-Member	\$935	\$275	\$1,160	\$350	\$1,370	\$400
Student	\$335	\$105	\$335	\$110	\$335	\$115
Assessor	\$625	\$190	\$835	\$250	\$1,050	\$315

For daily registrants only, please select the day(s) you will attend:

Sat., Oct. 13 Sun., Oct. 14 Mon., Oct. 15 Tues., Oct. 16

of days _____ x daily fee _____ = total due

Approved assessors attending the Friday Assessor General Session as well as the Annual Meeting will receive a \$25 registration discount per day.

EXHIBIT HALL PASS

	EARLY BIRD Received On/Before 8/15/2018	ADVANCE Received between 8/16/2018 – 9/12/2018	LATE/ONSITE Received between 9/13/2018 – 10/16/2018
	Saturday/Sunday	\$195	\$225
Monday	\$160	\$195	\$225
Tuesday	\$160	\$195	\$225
All 4 Days	\$440	\$500	\$570

OPENING RECEPTION GUEST PASSES (limited to 3 passes) \$125 per pass

Paid registrants may register up to three (3) guests for the opening reception. Booth personnel, children under 16 or professionals in the field of blood banking, transfusion medicine or cellular therapies may not register for an Opening Reception guest pass.

Guest name(s): _____

SECTION 4 SUBTOTAL = _____

Do you require a Letter of Invitation to attend the Annual Meeting?

REGISTERING AT THE NON-MEMBER RATE? JOIN AABB NOW AND SAVE OVER \$200!

Call +1.301.215.6489 or visit www.aabb.org/join for more information.

New members must have an AABB member ID number to receive the member rate.

FIRST NAME

LAST NAME

SECTION 5: PRE-MEETING WORKSHOPS

- AABB-THOR Joint Working Group Hemorrhagic Shock Resuscitation Workshop**
Friday, October 12 | 8:00 am – 5:00 pm
- State of the Research Symposium on TACO and TRALI**
Friday, October 12 | 8:30 am – 5:30 pm
- Cellular Therapies in Trauma and Critical Care**
Friday, October 12 | 8:00 am – 5:00 pm

<input type="checkbox"/> Early Bird, Member, with AM Registration	\$245
<input type="checkbox"/> Early Bird, Member	\$355
<input type="checkbox"/> Early Bird, Non-Member, with AM Registration	\$355
<input type="checkbox"/> Early Bird, Non-Member	\$475
<input type="checkbox"/> Advance, Member, with AM Registration	\$290
<input type="checkbox"/> Advance, Member	\$400
<input type="checkbox"/> Advance, Non-Member, with AM Registration	\$400
<input type="checkbox"/> Advance, Non-Member	\$515
<input type="checkbox"/> Onsite, Member, with AM Registration	\$335
<input type="checkbox"/> Onsite, Member	\$440
<input type="checkbox"/> Onsite, Non-Member, with AM Registration	\$440
<input type="checkbox"/> Onsite, Non-Member	\$560

SECTION 6: TICKETED EVENTS

- Assessor Training | Continuing Education Program**
Friday, October 12 | 8:30 am – 5:00 pm
- Cellular Therapies Networking Reception**
Friday, October 12 | 5:30 pm – 7:00 pm
- Apheresis Luncheon**
Saturday, October 13 | 11:45 am – 1:15 pm
- Cellular Therapies Sizzling Topics Luncheon**
Sunday, October 14 | 12:00 pm – 2:00 pm

EMERGENCY CONTACT INFORMATION

Please share your cell number should we need to contact you via text message if an emergency occurs during the Annual Meeting. Your cell phone number will not be shared with anyone, this is only for AABB to communicate with attendees during an emergency.

Cell phone number _____
In case of emergency, contact: Name _____
Phone (include area and/or country codes) _____
Relationship to attendee _____

SECTION 7: NBF EVENTS

- NBF Grant Recipients' Lecture & Luncheon**
Saturday, October 13 | 11:45 am – 1:15 pm
- NBF Run for Research**
Sunday, October 14 | 7:00 am | Castle Island

<input type="checkbox"/> With Shirt	\$60
<input type="checkbox"/> Without Shirt	\$50

Must choose one option: Walking **OR** Running

If running: Please include the age you will be on race day: _____

Your Shirt Size: S M L XL

NEW THIS YEAR: Support the Foundation without an early-morning wake-up call. Select the "Sleep-In" option and we won't enroll you in the race – but you can still pick up a T-shirt at registration to show your support for the NBF mission. Sleep-in registration fees: \$25

NBF DONATION

Your contribution to the National Blood Foundation helps us advance transfusion medicine and cellular therapies by investing in the future leaders of the field and by providing opportunities for education and knowledge transfer. All donations are tax deductible. 501(c)(3) tax ID #36-2384118.

Thank you for your support of the NBF.

\$25 \$50 \$100 Other: _____

SECTION 8: ON-DEMAND PRESENTATIONS

You can have access the On-Demand presentations for the days you are registered, including the sessions you missed. In addition, you are eligible to receive CME/CE credit from the sessions that you did not attend.

Early Bird, Member	\$175
Early Bird, Non-Member	\$225
Advance, Member	\$200
Advance, Non-Member	\$250
Onsite, Member	\$249
Onsite, Non-Member	\$290

SECTION 9: ASSESSOR TRAINING

Complimentary session for approved AABB assessors only.

To attend, please check the box below:

- Assessor Continuing Education Program**
Friday, Oct. 12, 8:30 am – 5:00 pm

SECTION 10: HOUSING RESERVATION**NOTE: HOUSING DEADLINE IS SEPT. 12**

Attendees must register before making housing reservations. Your housing reservation is guaranteed only upon written confirmation, which you should receive within three business days via email. Every attempt will be made to place you in your selected hotel, but if unavailable, a reservation will be made for you at a comparable hotel.

A credit card deposit of your first night's room plus tax is required to guarantee your room reservation. Please note that the credit card may be charged prior to your arrival. The deposit must be made by credit card (American Express, MasterCard, Visa, Discover). If at all possible, do not use a debit card for your hotel room deposit. Hotels put a "hold" on your funds to ensure full payment will be met, potentially leaving you without access to funds. Once the hotel releases the "hold," it can take up to four days before you have access to the funds again.

Hotel Choice 1 _____

Hotel Choice 2 _____

Hotel Choice 3 _____

Check in date _____

Check out date _____

- Single DbI-1bed DbI/DbI-2beds
 Suite 1BR Suite 2BR

Sharing with _____

Special Requests _____

If my choices are unavailable, please book my room based on:

- Rate \$ _____ or Proximity to Convention Center

I do not require a room because:

- I have reservations at (hotel): _____

- I am staying at a local residence

- I am sharing a room _____
(Please list name of person sharing with you)

- I will reserve a room later

SECTION 11: PAYMENT

(Payment in USD must accompany your registration form.)

TOTAL REGISTRATION FEE DUE (Sections 4, 5, 6, 7 & 8)

\$ _____

- Check enclosed, check number: _____
 American Express MasterCard Visa Discover

Card Number (Required to guarantee hotel reservation) _____

Expiration Date (Valid Oct. 2018 or after) _____

Name (cardholder) _____

Signature _____

REGISTRATION CANCELLATION POLICY

To cancel your registration, please send your written request to AABB/Experient, 5202 Presidents Court, G100, Frederick, MD 21703, email aabb@experient-inc.com or fax +1.301.694.5124. If the request is received by Wednesday, Sept. 12 you will receive a full refund, minus a \$75 processing fee. No refunds are provided on midnight after Sept. 12. Registrant substitutions will be accepted with written notification from the original registrant. A processing fee of \$50 (other fees may apply for different registrant types) will be assessed. Only one substitution per registrant is allowed. A registration transfer to other AABB meetings is not allowed.

HOUSING CANCELLATION POLICY

- All new reservations should be made directly with Experient by 5:00 pm ET **Wednesday, September 12, 2018**.
- After September 12, you may continue to contact Experient for reservation changes, cancel requests or new reservations (based on availability) until 5:00 pm ET **Wednesday, September 19**.
- You can begin contacting hotels directly for all reservation needs starting **Monday, September 24**.
- Room cancellations must be made at least 72 hours prior to arrival. Failure to cancel within the appropriate time frame will result in a one night's room and tax penalty.
- Failure to arrive on your scheduled arrival date may result in a cancellation fee equal to one night's room rate and tax.
- AABB is not responsible for failure to check-in on your scheduled day of arrival and cannot guarantee availability onsite.

QUESTIONS? Contact Experient, AABB's Registration and Housing provider at: +1.800.424.5249 (U.S.) or +1.847.996.5829 or email aabb@experient-inc.com