



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

If you selected MD above, please complete the following information.

The Physician Payments Sunshine provisions in health care reform legislation requires drug and medical device manufacturers to publicly report transfer of values made to health care providers. Therefore, it is necessary for AABB to collect additional information from health care providers. This information will be provided to exhibiting drug and medical device manufacturers in order to meet compliance with the health care reform law's transparent reporting requirements (aka, the Sunshine Act).

Date of Birth _____

*State HCP license # (if applicable) _____

*State of licensure _____

Nat'l Provider ID# (NPI) (if applicable) _____

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 Sept. 1 to accommodate your request.

Special dietary requests: Kosher Vegetarian

SECTION 3: PLEASE ANSWER

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?*

- Yes, please list your Institutional Member Number: _____
- No

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 Reg (through Aug. 9) | Advance Reg (Aug. 10 – Sept. 18) | Late/Onsite Reg (Sept. 19 – Oct. 10) |
|--|-------------------------------|-------------------------------------|---|
| A. FULL MEETING | | | |
| <input type="checkbox"/> Member | \$687 | \$892 | \$1,090 |
| <input type="checkbox"/> Non-member | \$892 | \$1,107 | \$1,305 |
| <input type="checkbox"/> Student | \$318 | \$318 | \$320 |
| <input type="checkbox"/> Assessor* | \$587 | \$792 | \$990 |
| B. DAILY REGISTRATION (fee listed is per day, up to 3 days) | | | |
| <input type="checkbox"/> Member | \$185 | \$236 | \$290 |
| <input type="checkbox"/> Non-member | \$236 | \$297 | \$340 |
| <input type="checkbox"/> Student | \$92 | \$92 | \$95 |
| <input type="checkbox"/> Assessor* | \$160 | \$211 | \$265 |

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

Sat., Oct. 7 Sun., Oct. 8 Mon., Oct. 9 Tues., Oct. 10

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.

C. EXHIBIT HALL PASS

| | | | |
|--|-------|-------|-------|
| <input type="checkbox"/> Saturday/Sunday | \$185 | \$215 | \$240 |
| <input type="checkbox"/> Monday | \$154 | \$185 | \$215 |
| <input type="checkbox"/> Tuesday | \$154 | \$185 | \$215 |
| <input type="checkbox"/> All Four Days | \$420 | \$472 | \$540 |

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

Paid registrants may register up to three (3) guests for the opening reception. Please do not register booth personnel, children under 16 or professionals in the field of blood banking, transfusion medicine or cellular therapies.

Guest name(s): _____

+Booth personnel should register using the booth personnel exhibitor registration form.

SECTION 4 SUBTOTAL = _____ [(A OR B) + C + D]

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

FIRST NAME

LAST NAME

SECTION 5: TICKETED EVENTS

Indicate the events you plan to attend. A ticket is required for entry. Please select the events only from the days for which you are registered. Please list any special dietary requests in Section 2. Space is limited.

Friday, Oct. 6, 5:30 PM – 7:00 PM

- Cellular Therapies Networking Reception, 5:30 PM – 7:00 PM

Saturday, Oct. 7, Noon – 2:00 PM

- NBF Grant Recipients' Lecture and Luncheon
 Apheresis Luncheon

Sunday, Oct. 8, Noon – 2:00 PM

- Cellular Therapies Sizzling Topics Luncheon

Pre-Conference Workshops

Friday, Oct. 6, 1:30 PM – 5:00 PM,
Hemovigilance Workshop
 FREE EVENT

Friday, Oct. 6, 8:00 AM – 5:30 PM,

- Blood Use in Trauma & Hemorrhage Workshop
 AABB Member with Full Meeting Registration – Early Reg. \$236 / Reg. \$277 / Onsite \$318
 AABB Member without Full Meeting Registration – Early Reg. \$338 / Reg. \$379 / Onsite \$420
 Non-member with Full Meeting Registration – Early Reg. \$338 / Reg. \$379 / Onsite \$420
 Non-member without Full Meeting Registration – Early Reg. \$451 / Reg. \$492 / Onsite \$533

SECTION 6: ADDITIONAL FEE EVENTS**NBF RUN FOR RESEARCH**** Sunday, Oct. 8

| | Fee | Quantity | Total |
|---------------|--------------|----------|---------|
| With Shirt | \$60 x _____ | _____ | = _____ |
| Without Shirt | \$50 x _____ | _____ | = _____ |

Run for Research Participant Questions:

Your Shirt Size: S M L XL**Please indicate if you will be: walking running

**If you are running, you must include your age in order to be timed.

Age you will be on race day: _____

SECTION 7: ON-DEMAND PRESENTATIONS

For a nominal early bird member price of \$125 (\$175 non-member), you can have access to all of the on-demand presentations from the meeting, for the days you are registered, including the sessions you are unable to attend. In addition, you can receive CME/CE credit for viewing the presentations from the sessions that you did not attend.

- \$125 Early Bird Member (\$175 non-member) On-Demand Presentations
 \$150 Advance Member (\$200 non-member) On-Demand Presentations
 \$199 Onsite Member (\$240 non-member) On-Demand Presentations

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.

Name of Hotel _____

Cell phone number _____

In case of emergency, contact: Name _____

Phone (include area and/or country codes) _____

Relationship to attendee _____

SECTION 8: ASSESSOR TRAINING

Complimentary session for approved AABB assessors only.

To attend, please check the box below:

- Friday, Oct. 6, 8:30 AM – 5:00 PM, Assessor Continuing Education Program

SECTION 9: HOUSING RESERVATION**NOTE: HOUSING DEADLINE IS SEPT. 5**

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 or 10 business days by mail. 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 will not be charged until several days before your arrival, or possibly not at all (depending on the hotel's policy). The deposit may 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 Dbl-1bed Dbl/Db1-2beds Suite 1BR Suite 2BR

Sharing with: _____

Special requests: _____

- Smoking Non-smoking Other (For suite requests, call 1.800.424.5249)

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 10: 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. 2017 or after) _____

Name (cardholder) _____

Signature _____

OBTAINING YOUR BADGE MATERIALS

Annual Meeting registration materials (badge, tickets to events) will only be available for pick up onsite at the meeting. Registration materials will not be mailed in advance to attendees. This will enable any last minute updates to be reflected in your registration materials and will reduce the amount of reprints. Bring your email confirmation onsite beginning Thursday, Oct. 5 to pick up your badge and additional materials.

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, Aug. 9 you will receive a full refund, minus a \$75 processing fee. No refunds are provided on midnight after Aug. 9.

HOUSING CANCELLATION POLICY

Experient will accept new hotel reservation requests, changes (based on availability) and cancellation requests through Sept. 8, 2017 until 5:00 PM ET.

- Reservation changes (based on availability) and cancellations can be made through 5:00 PM ET, Sept. 26, 2017.
- Between Sept. 9 and Sept. 27, reservation information will be transferred to the hotels.
- Beginning Sept. 27, and prior to 72 hours of arrival date, please contact the hotel directly for changes or cancellations.
- Reservations canceled within 72 hours, or failure to arrive on scheduled arrival date are subject to a cancellation fee equal to one night's room rate and tax.

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

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.