

Registration Form

Host Site Registration Fees: *(All fees are per audioconference.)*

	Single Audioconference	8+ Audioconferences
Institutional Member	\$330	\$315
Institutional Nonmember	\$380	\$365

To take advantage of the package savings, you must register for all of your audioconference selections at the same time. Payment is due in advance.

Register my facility as a host site for the following 2010 audioconferences: *(check all that apply)**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 104607 January 6 | <input type="checkbox"/> 104616 April 7 | <input type="checkbox"/> 104625 June 23 | <input type="checkbox"/> 104633 October 6 |
| <input type="checkbox"/> 104608 January 13 | <input type="checkbox"/> 104617 April 14 | <input type="checkbox"/> 104626 moved to Aug. 25 | <input type="checkbox"/> 104634 October 13 |
| <input type="checkbox"/> 104609 January 27 | <input type="checkbox"/> 104618 April 21 | <input type="checkbox"/> 104627 July 21 | <input type="checkbox"/> 104635 October 20 |
| <input type="checkbox"/> 104610 February 3 | <input type="checkbox"/> 104619 April 28 | <input type="checkbox"/> 104628 July 28 | <input type="checkbox"/> 104636 October 27 |
| <input type="checkbox"/> 104611 February 10 | <input type="checkbox"/> 104620 May 5 | <input type="checkbox"/> 104629 August 4 | <input type="checkbox"/> 104637 November 3 |
| <input type="checkbox"/> 104612 February 24 | <input type="checkbox"/> 104621 May 12 | <input type="checkbox"/> 104630 August 11 | <input type="checkbox"/> 104638 November 17 |
| <input type="checkbox"/> 104613 March 10 | <input type="checkbox"/> 104622 May 19 | <input type="checkbox"/> 104626 August 25 | <input type="checkbox"/> 104639 December 8 |
| <input type="checkbox"/> 104614 March 24 | <input type="checkbox"/> 104623 June 2 | <input type="checkbox"/> 104631 September 1 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 104615 March 31 | <input type="checkbox"/> 104624 June 16 | <input type="checkbox"/> 104632 September 22 | <small><i>(please include program number and date of audioconference)</i></small> |

*The audioconferences listed in this pamphlet are subject to change based on faculty availability and schedules.

Please provide the following information: *(All fields are required)*

Facility Name: _____

Site Coordinator *(Individual name)*: _____

Site Coordinator's Title: _____

Shipping Address: _____
(No P.O. Boxes)

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

AABB Institutional Membership Number*: _____

*If you are an Institutional Nonmember, please e-mail education@aabb.org for an identification number.

All host site materials and instructions will be provided via e-mail.

Method of Payment:

Total Payment: _____ ***(Full payment must accompany registration form.)***

Check Enclosed *(Payable to AABB and in US currency)*

VISA/MasterCard Diners Club Discover American Express

Credit Card #: _____ Exp. Date: _____

Signature: _____ Name as printed on card: _____

Register Now!

Online:

www.aabb.org

- >Meetings and Events
- >Audioconferences

By Fax:

+1.301.951.3729

By Mail:

AABB Education Department
8101 Glenbrook Road
Bethesda, MD 20814-2749 USA

Registration Updates

Visit www.aabb.org
>Meetings and Events
>Audioconferences

Questions?

Contact the AABB
Education
Department at
+1.301.215.6482 or
education@aabb.org.

Cancellation Policy

All cancellations must be made in writing and sent to education@aabb.org. Cancellations received by AABB at least two weeks prior to a program will receive a full refund less a \$75 administrative fee. There will be no refunds for cancellations within two weeks of an audioconference.



Advancing Transfusion and
Cellular Therapies Worldwide