

Ways To Register

BY EMAIL: BY FAX: BY MAIL:

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Baltimore, MD 21279 USA

Questions? Email eLearning@aabb.org Call +1.301.215.6482

Foundations of Cell Therapy Course **Institutional Registration Form**

Please complete all sections of this registration form. Incomplete forms may delay processing. Individual registration is available on the AABB Store.

I. Institution Information (all fields are required)

Facility Name					
Street Address					
Street Address 2					
City					
State/Province			Zip		
Country (if other than USA)					
AABB Ir Identificati	nstitutional on Number				
II. Primary Contac					
Name					
Email					
Phone					
III. Payment Inform (Full payment must acco	nation mpany registratio	n form)			
Total Number of Learners					
Total Amount	\$				
O Check Enclosed (payable to AABB and in US currency)					
O Visa/MasterCard	O Diners Club	O Discover	O Ar	nerican Express	
Credit Card #					
Expiration Date					
Name on Card					
Billing Address					
Billing Address Cont'd					
Signature					
т	hank you for yo	ur order A no		at confirmation will be	

REGISTRATION FEES

Institutional Member	\$295		
Institutional Nonmember	\$345		
Bulk Institutional Member*	\$251/person		
Bulk Institutional Nonmember*	\$293/person		

*Bulk Discount: a 15% discount is included for purchases of 4 or more registrations. Per person price noted above is reflective of the 15% discount. The price per learner will be determined by the institution's AABB membership status.

CANCELLATION POLICY

All cancellations must be made in writing and sent to eLearning@aabb.org. Cancellations received before the learner accesses the program will receive a full refund. There will be no refunds for cancellations after the program has been accessed.

IV. Learner Information

Provide first name, last name and email address for the learner(s) you have purchased the program for. AABB will create an account for each learner and they will receive an email notification with instructions to access the AABB Education Platform at http://education.aabb.org. All learner accounts will be set up under the Facility Name and address provided on this form (unless they have an account already in our

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

First Name	Last Name	Email