

BY EMAIL: BY FAX: BY MAIL:

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## AABB 2025 Annual Meeting On-Demand Institutional Bulk Order Registration Form

Please complete all sections. Incomplete forms may delay processing. Individual registration is available on the AABB Annual Meeting On-Demand Store. Access to sessions is available through December 31, 2027.

I. Institution Information (all fields are required)

Facility Name

| Street Address                                      |  |               |         |                | pur  | chases of ind  | itions at the same til<br>dividual sessions, An |   |  |
|---|--|---------------|---------|----------------|--|--|---|---|--|
| Street Address 2                                    |  |               |         |                | per  | <ul> <li>on package or other packages nor s<br/>person price noted above is reflect<br/>discount. The price per learner will</li> </ul>  |   |   |  |
| City  |  |               |         |                | inst   | institution's AABB membership stat registrations must be included.  CANCELLATION POLICY All cancellations must be made in v eLearning@aabb.org. Cancellations learner(s) accesses the program wil  |   |   |  |
| State/Province                                      | Zip  |               |         |                | CAI  |  |   |   |  |
| Country (if other than USA)                         |  |               |         |                | eLe  |  |   |   |  |
| AABB Institutional Identification Number (if known) |  |               |         | will           | will be no refunds for cancellations accessed. |  |   |   |  |
| II. Primary Contact                                 | t Informatio   | n             |         |                |  |  | nformation                                      |   |  |
| Name  |  |               |         |                | purch<br>and t                                 | Provide first name, last name and email purchased the program for. AABB will cr and they will receive an email notificati AABB Education Platform at http://educaccounts will be set up under the facilit this form (unless they have an account a |   |   |  |
| Email   |  |               |         |                | acco   |  |   |   |  |
| Phone   |  |               |         |                |  | ·  | an 10 learners, ple                             |   |  |
|   | II. Payment Information Full payment must accompany registration form) |               |         |                |  | for each learner in an excel file and ema<br>eLearning@aabb.org. All fields are requir   |   |   |  |
| Total Number of<br>Learners                         |  |               |         |                | F  | irst Name  | Last Name                                       |   |  |
| Total Amount  | \$   |               |         |                |  |  |   |   |  |
| A minin   | num of 4 regis   | trations must | be incl | uded.          |  |  |   |   |  |
| O Visa/MasterCard                                   | O Diners Club  | O Discover    | O Am    | erican Express |  |  |   | Ī |  |
| Credit Card #                                       |  |               |         |                |  |  |   | Ť |  |
| Expiration Date                                     |  |               |         |                |  |  |   | Ť |  |
| Name on Card  |  |               |         |                |  |  |   | † |  |
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| Billing Address<br>Cont'd                           |  |               |         |                |  |  |   | + |  |
| Signature (Type<br>Name)                            |  |               |         |                |  |  |   | + |  |

## **REGISTRATION FEES**

| Bulk Institutional Member           | \$560/person |  |
|-------------------------------------|--------------|--|
| Bulk Institutional Nonmember        | \$645/person |  |
| Bulk AABB Premium Corporate Partner | \$527/person |  |

Bulk Discount: a 15% discount (20% for AABB Premium Corporate Partners) is included for purchases of 4 or more me (not applicable to inual Meeting attendee addstudent registration). Per ive of the applicable be determined by the cus. A minimum of four (4)

vriting and sent via email to received before the ll receive a full refund. There after the program has been

address for the learner(s) you have eate an account for each learner on with instructions to access the ation.aabb.org. All learner name and address provided on lready in our system).

e provide the following information ail with registration form to ed.

|          | First Name | Last Name | Email |
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