

2021 Corporate Affiliate Application

Fee: \$3,000 per year

Contact Name	Title
Company	
Address	
City/State/Zip	
Country	
Phone	Fax
Email	Website

Company Profile

Please provide a brief description (50 words or less) of your company for AABB internal use only.

Categorization of Equipment or Services (check all facilities for which your product or service is intended):

- | | |
|---|---|
| <input type="checkbox"/> Blood Banking | <input type="checkbox"/> Relationship Testing |
| <input type="checkbox"/> Cellular Therapies (HPCs, Somatic Cells, Cord Blood) | <input type="checkbox"/> Transfusion Medicine |
| <input type="checkbox"/> Immunohematology Reference Laboratory | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Perioperative/Blood Management | |

Payment Information

☐ Check # _____ (in U.S. currency) payable to AABB

☐ American Express ☐ MasterCard ☐ Visa

Credit Card # _____ Exp Date _____

Name on Card _____

Signature _____ Date _____

Please return form to:

AABB

Attn: Angela Buscemi
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