



BY EMAIL: BY FAX: BY MAIL: eLearning@aabb.org +1.301.215.6533 AABB eLearning

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## Cellular Therapies Certificate Program 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 Contact Information						
Name						
Email						
Phone						
III. Payment Information (Full payment must accompany registration form)						
Total Number of Learners						
Total Amount	\$					
O Check Enclosed (payable to AABB and in US currency)						
O Visa/MasterCard	O Diners Clu	O Discover	O Ar	merican Express		
Credit Card #						
Expiration Date						
Name on Card						
Billing Address						
Billing Address Cont'd						
Signature						
	1 1 6			at confirmation will b		

## **REGISTRATION FEES**

	Institutional Member	\$1,395
	Institutional Nonmember	\$1,675
	Bulk AABB Premium Corporate Partner*	\$1,116/person
	Bulk Institutional Member*	\$1,186/person
	Bulk Institutional Nonmember*	\$1,424/person

\*Bulk Discount: a 15% discount (20% for AABB Premium Corporate Partners) is included for purchases of 4 or more registrations. Per person price noted above is reflective of the aplicable discount. The price per learner will be determined by the institution's AABB membership status. A minimum of four (4) registrations must be included.

## **CANCELLATION POLICY**

This program is offered in partnership with The George Washington University (GW). All cancellations must be sent to <a href="mailto:eLearning@aabb.org">eLearning@aabb.org</a>. Cancellations received before the learner application is submitted to GW will receive a full refund. There will be no refunds for cancellations after the GW application has been submitted.

## 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 and a web link to The George Washington University (GW) website where s(he) will fill in a short application required to register for the program. 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 system).

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

_	First Name	Last Name	Email
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