

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

Blood Banking & Transfusion Medicine 101 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) | | · | | | | |
| | 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 Club | O Discover | O Aı | merican Express | | |
| Credit Card # | | | | | | |
| Expiration Date | | | | | | |
| Name on Card | | | | | | |
| Billing Address | | | | | | |
| Billing Address Cont'd | | | | | | |
| Signature | | | | | | |
| _ | bank vou far va | | | nt confirmation will be | | |

REGISTRATION FEES

| Institutional Member | \$349 |
|-------------------------------|--------------|
| Institutional Nonmember | \$399 |
| Bulk Institutional Member* | \$296/person |
| Bulk Institutional Nonmember* | \$339/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 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

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

| First Name | Last Name | Email |
|------------|-----------|-------|
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