

Ways To Register

BY EMAIL: eLearning@aabb.org BY FAX: +1.301.215.6533 BY MAIL: AABB eLearning P.O. Box 791251 Baltimore, MD 21279 USA Questions? Email eLearning@aabb.org Call +1.301.215.6482

\$509/person

## AABB 2024 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 Dece

## **REGISTRATION FEES**

**Bulk Institutional Member** 

meeting on Demand	JUIC. ACCC33 10 303310113	is available through				
December 31, 2026.			Bulk Institutio	onal Nonmember		\$594/person
I. Institution Information (all fields are required)			Bulk AABB Premium Corporate Partner\$479/person			
Facility Name   Street Address   Street Address 2   City   State/Province   Zip   Country (if other than USA)   AABB Institutional Identification Number (if known)		Bulk Discount: a 15% discount (20% for AABB Premium Corporate Partners) is included for purchases of 4 or more learner registrations at the same time (not applicable to purchases of individual sessions, Annual Meeting attendee add- on package or other packages nor student registration). Per person price noted above is reflective of the applicable 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 All cancellations must be made in writing and sent via email to eLearner(s) accesses the program will receive a full refund. There will be no refunds for cancellations after the program has been accessed.				
II. Primary Contact Information			IV. Learner Information			
Name Email			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 system).			
Phone			If you have more th	an 10 learners, pleas	se provide th	e following informati
III. Payment Inform (Full payment must account)			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.			
Total Number of Learners			First Name	Last Name		Email
Total Amount	\$					
A minimum of 4 registrations must be included.						
O Visa/MasterCard O Diners Club O Discover O American Express						
Credit Card #						
Expiration Date						
Name on Card						
Billing Address						
Billing Address Cont'd			<b> </b>			
			-			
Signature (Type Name)		Image: second				