

Ways To Register

REGISTRATION FEES

Institutional Member

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

\$1,395

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.

Institutional Nonmember \$1,675 Bulk AABB Premium Corporate Partner* \$1,116/person I. Institution Information (all fields are required) **Bulk Institutional Member*** \$1,186/person Facility Name **Bulk Institutional Nonmember*** \$1,424/person Street Address *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 Street Address 2 discount. The price per learner will be determined by the institution's AABB membership status. A minimum of four (4) City registrations must be included. State/Province Zip CANCELLATION POLICY This program is offered in partnership with The George Washington Country (if other University (GW). All cancellations must be sent to eLearning@aabb.org. than USA) Cancellations received before the learner application is submitted to GW will receive a full refund. There will be no refunds for cancellations AABB Institutional after the GW application has been submitted. Identification Number **II. Primary Contact Information IV.** Learner Information Provide first name, last name and email address for the learner(s) you have Name 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 Email 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 Phone (unless they have an account already in our system). **III.** Payment Information 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 (Full payment must accompany registration form) eLearning@aabb.org. All fields are required. Total Number of Learners First Name Last Name Email Total Amount Ś O Check Enclosed (payable to AABB and in US currency) O Visa/MasterCard O Diners Club O Discover O American Express Credit Card # **Expiration Date** Name on Card **Billing Address** Billing Address Cont'd Signature