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BY EMAIL: BY FAX: BY MAIL:

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## Information Technology in Blood Banking & Transfusion Services 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.

## **REGISTRATION FEES**

he AABB Store. Institution Information (all fields are required)		Institutional A	Nember	\$479
		Institutional Nonmember		\$579
		Bulk Institutional Member*		\$431/person
Facility Name		Bulk Institutio	onal Nonmember*	\$521/person
Street Address 2		*Bulk Discount: a 10% discount is included for purchases of 2 or more registrations. Per person price noted above is reflective of the 10% discount. The price per student will be determined by the institution's AABB membership status.		
City		CANCELLATION POLICY		
ldentificat	Zip nstitutional ion Number	All cancellations must be made in writing and sent to <u>eLearning@aabb.org</u> . Cancellations received before the student accesses the program will receive a full refund. There will be no refunds for cancellations after the program has been accessed.		
. Primary Contac	ct Information	IV. Student Information		
Name Email Phone	Provide first name, last name and email address for the student(s) you have purchased the program for. AABB will create an account for each student and they will receive an email notification with instructions to access the AABB Education Platform at http://education.aabb.org. All student accounts will be set up under the Facility Name and address provided on this form (unless they have an account already in our			
I. Payment Inform full payment must acco Total Number of Students	mation ompany registration form)	information for eac	an 10 students, please p h student in an excel file • eLearning@aabb.org. Al	and email with this
Total Amount	\$	First Name	Last Name	Email
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				