

BY EMAIL: BY FAX:

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P.O. Box 791251 Baltimore, MD 21279 USA

Questions? Email eLearning@aabb.org

Call +1.301.215.6482

## 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 Contac	t Information			
Name				
Email				
Phone				
III. Payment Information (Full payment must accompany registration form)				
Total Number of Students				
Total Amount	\$			
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				
	hank you for your order. A payment confirmation will b			

## REGISTRATION FEES

Institutional Member	\$1395
Institutional Nonmember	\$1675
Bulk Institutional Member*	\$1186/person
Bulk Institutional Nonmember*	\$1424/person

\*Bulk Discount: a 15% discount is included for purchases of 4 or more student registrations. Per person price noted above is reflective of the 15% discount. The price per student will be determined by the institution's AABB membership status.

## **CANCELLATION POLICY**

This program is offered in partnership with The George Washington University (GW). All cancellations must be made in writing and sent to eLearning@aabb.org. Cancellations received before the student 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. Student Information

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 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 student 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 students, please provide the following information for each student in an excel file and email with registration form to <a href="mailto:eLearning@aabb.org">eLearning@aabb.org</a>. All fields are required.

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First Name	Last Name	Email