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Cellular Therapies Certificate Program Institutional Registration Form

I. Institution Information (all fields are required)

Facility Name			
Street Address			
Street Address 2			
City			
State/Province		Zip	
Country (<i>if other than USA</i>)			
AABB Institutional Identification Number			

II. Primary Contact Information

Name	
Email	
Phone	

III. Payment Information

(Full payment must accompany registration form)

Total Number of Learners	
Total Amount	\$
☐ Check Enclosed (<i>payable to AABB and in US currency</i>)	
☐ Visa/MasterCard ☐ Diners Club ☐ Discover ☐ American Express	
Credit Card #	
Expiration Date	
Name on Card	
Billing Address	
Billing Address Cont'd	
Signature	

REGISTRATION FEES

Institutional Member	\$1,395
Institutional Nonmember	\$1,675
Bulk AABBS Premium Corporate Partner*	\$1,116/person
Bulk Institutional Member*	\$1,186/person
Bulk Institutional Nonmember*	\$1,424/person

***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 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

This program is offered in partnership with The George Washington University (GW). All cancellations must be sent to elLearning@aabb.org. Cancellations received before the learner 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. 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 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 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).

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@aabbb.org. All fields are required.

[illegible]

Thank you for your order. A payment confirmation will be provided via email within 2-5 business days.