North Carolina Association of Blood Bankers

44th Annual Meeting, Hilton Riverside, Wilmington, NC

September 18-20th, 2015

**Registration Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | Certifications: | |  |
| Address: |  | | | | | | |
|  | (Street) | | | | (City, State, Zip Code) | | |
| Phone: |  | | Fax: |  | Email: |  | |
| Employer:  (If student, MLT/MLS Program:) | |  | | | | | |

|  |  |
| --- | --- |
|  | Please check here if you prefer that your email address not be shared with educational organizations or vendors. |

**Registration Fees**

Registration fee includes breakfast, breaks and lunch on Monday and Tuesday and a vendor reception on Monday night. **Please register by August 29, 2016.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NCABB Member** | Nonmember | Student |
| Monday | $135 | $170 | $45 |
| Tuesday | $110 | $145 | $40 |
| Both Days | $225 | $285 | $75 |
| Half Day | $85 | $110 |  |

**I am a current 2016 NCABB member:**

*(Please note that NCABB membership covers the calendar year (January – December 2016).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  |  |

**I plan to attend:** (check all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Days: | Monday |  | Monday Lunch |  | Vendor Reception |  |
|  |  |  |  |  |  |  |
|  | Tuesday |  | Tuesday Lunch |  |  |  |
|  |  |  |  |  |  |  |
| Half Days: | Monday AM |  | Monday PM |  | Monday Lunch |  |
|  |  |  |  |  |  |  |
|  | Tuesday AM |  | Tuesday PM |  | Tuesday Lunch |  |

**Total Payment Due:** \_\_\_\_\_\_\_\_\_\_

**I would like to pay by:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Check | Make checks payable to: NCABB, Inc. and send with completed registration form to:  NCABB, Inc., P.O. Box 34213, Charlotte, NC 28234. | |
|  |
|  |  |  |  |
|  | Credit Card | Email address: |  |
|  |  | When paying by credit card, you must include an email address. You will be contacted by the NCABB Treasurer through PayPal for payment. You do not need to be a member of PayPal to pay with PayPal. Send your completed registration form to: NCABB, Inc., P.O. Box 34213, Charlotte, NC 28234. | |