**

**North Carolina Association of Blood Bankers**

**52nd Annual Meeting, Marriott Downtown, Winston Salem, NC**

**May 6th-7th, 2024**

**Annual Meeting Registration Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Certifications: | |  |
| Address: |  | | | | | |
|  | (Street) | | | (City, State, Zip Code) | | |
| Email: |  | |  | Phone: |  | |
| 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 April 22nd, 2024.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Member – Early Reg. Discount** | **NCABB Member** | Nonmember – Early Reg. Discount | Nonmember | Student |
| Monday | **$116** | **$145** | $148 | $185 | $45 |
| Tuesday | **$96** | **$120** | $128 | $160 | $40 |
| Two Days (Mon + Tues) | **$192** | **$240** | $240 | $300 | $75 |
| Half Day | **$72** | **$90** | $92 | $115 | $0 |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I am a current 2024 NCABB member:** | Yes |  | No |  |  |

*(Please note that NCABB membership covers the calendar year January – December 2024). Please go to NCABB.org to join.*

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

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

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

**Program coming soon!**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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. | |