



North Carolina Association of Blood Bankers
45th Annual Meeting, Double Tree-Suites, Charlotte, NC
September 10-12, 2017

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 25, 2017.**

	NCABB Member	Nonmember	Student
Leadership Workshop	\$50	\$65	\$0
Monday	\$135	\$170	\$45
Tuesday	\$110	\$145	\$40
Two Days (Mon + Tues)	\$225	\$285	\$75
Half Day	\$85	\$110	\$0

I am a current 2017 NCABB member: Yes No

(Please note that NCABB membership covers the calendar year January – December 2017). Please go to NCABB.org to join.

I plan to attend: (check all that apply)

- Leadership Workshop:** Sunday
- Full Days:** Monday Vendor Reception
 Tuesday
- Half Days:** Monday AM Monday PM Monday Lunch
 Tuesday AM Tuesday PM Tuesday Lunch

Total Payment Due: _____

- 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.