



# Spring Workshop 2017

## INDIVIDUAL REGISTRATION

### Essentials for the Medical Technologist: Professionalism, Critical Thinking, and Problem Solving

*Please join us for an afternoon of educational sessions and networking!*

**When?** **April 12, 2017, 1 p.m. – 4:30p.m.**  
\*Registration and Vendor Reception will begin at 12:00pm\*

**Where?** **Davidson County Community College**  
Mary E. Rittling Conference Center  
297 DCC Road  
Thomasville, NC  
For a map of campus, visit: <https://www.davidsonccc.edu/about-dccc/virtual-tour>

**Registration Deadline:**  
**April 3, 2017**  
\*walk-in fee on 4/12/17: \$10

Name: \_\_\_\_\_ Certifications: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Spring Workshop Fee:**

- \_\_\_\_\_ NCABB Member (no charge with registration prior to the workshop; please be sure your membership is current for 2017)
- \_\_\_\_\_ Non-member Registration, \$35.00 (includes NCABB 2017 Membership; please fill out the form following or visit ncabb.org)
- \_\_\_\_\_ Student (no charge) MLS/MLT Program: \_\_\_\_\_
- \_\_\_\_\_ Walk-in fee day of workshop, \$10.00

**\*\*In lieu of a bagged lunch, light fare and refreshments with assorted beverages will be provided starting at 12 noon with the Vendor Reception.\*\***

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

Please mail completed registration form and payment (if applicable) to:  
**NCABB, Inc.**  
**P.O. Box 34213**  
**Charlotte, NC 28234**



# Join NCABB!

## North Carolina Association of Blood Bankers

### Membership Form 2017

(Please note: Membership spans the calendar year, January – December 2017.)

NCABB is an affordable professional organization open to interested individuals. It offers opportunities for continuing education, networking, and reduced registration fees at the spring workshop and fall meeting.

New Membership \$35.00

Renewal \$35.00

Name: \_\_\_\_\_ Certifications: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Preferred Email : \_\_\_\_\_

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

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Please complete all information so that we may have current contact information.

Return this form with payment for \$35.00 to: **NCABB, Inc. P.O. Box 34213, Charlotte, NC 28234**

**NEW!**

**You can also join or renew membership online at [ncabb.org](http://ncabb.org)!**

Please contact the NCABB Membership Chair (Linda Soles) or Treasurer (Lindsay Suber) for questions regarding membership or for notification of change of address.

Linda Soles: [Linda.Soles@redcross.org](mailto:Linda.Soles@redcross.org) Lindsay Suber: [Lindsay.suber@gmail.com](mailto:Lindsay.suber@gmail.com)

**Thank you for your support of the North Carolina Association of Blood Bankers!**