

SECTION 1: ATTENDEE INFORMATION

*Indicates Required Fields

To qualify for member rates, please provide your member ID number.

*Individual Member #

*First Name (for badge)

*Last Name (Please limit first and last name to 25 characters including spaces for badge)

Degrees/Certifications/Credentials

Title

*Company/Organization (If currently unaffiliated, please print 'None')

*Street Address

Street Address 2

*City

*State

*Zip

*Country/Postal Code (non-US)

This address is for my: ☐ Home ☐ Business

*Phone

Fax

*Cell Phone (This number will only be used if an emergency occurs during the Annual Meeting and for vaccination verification. Your cell phone information will not be saved to your member profile)

*Email (Confirmation of registration and housing will be sent via email)

AAB.B will not sell or release your email address or cell phone number to third parties.

If you are claiming California or Florida Lab credits, please complete the following information:

License Number

First Name

Last Name

Date of Birth (Month and Day Only)

☐ By providing this information, you give AAB.B permission to share completion data with the licensing agency.

ACCM.E requires that we report the number of physicians in attendance at each program – please indicate if you are a physician. ☐ Yes ☐ No

SECTION 2: SPECIAL NEEDS AND DIETARY REQUESTS

☐ Please check here if you have special needs and AAB.B will contact you. AAB.B must have notice by Aug. 24 to accommodate your request.

Special dietary requests:

☐ Gluten Free ☐ Halal ☐ Kosher
☐ Vegetarian ☐ Pescatarian ☐ Other _____

SECTION 3: TELL US ABOUT YOU

A. *Is this your first AAB.B meeting? ☐ Yes ☐ No

B. *Regarding the purchase of supplies/services, do you (check one):

☐ Make final selections
☐ Make final recommendations
☐ Participate in the decision-making process
☐ I am not involved with this process

C. *How long have you worked in the field?

☐ < 5 years ☐ 5-10 years ☐ 10-20 years
☐ 20-30 years ☐ 30+ years

D. ☐ Current Student (if so, please select type)

☐ Medical Resident/Medical Student
☐ Perioperative Student
☐ Technologist/MLS/SBB/BB
☐ Other _____

E. Are you a United States government employee? ☐ Yes ☐ No
Are you a federal government employee? ☐ Yes ☐ No

F. *What is the primary business activity of your facility? (please check only one):

☐ Biotechnology ☐ Immunohematology
☐ Biotherapies ☐ Reference Laboratory
☐ Blood Center ☐ Molecular Testing Laboratories
☐ Cord Blood Bank ☐ Research Facility/Institute
☐ Hospital Blood Bank ☐ Supplier/Vendor
☐ Hospital Transfusion Service ☐ Testing Laboratory Facility
☐ Other _____

G. *Do you currently work for an AAB.B Accredited Facility?

☐ No ☐ Yes, please list your Institutional Member Number: _____

H. *Are you working in an academic setting? ☐ Yes ☐ No

I. *Is your facility a non-profit? ☐ Yes ☐ No

J. *Please indicate your primary role (check no more than 3)

☐ CEO ☐ Perfusionist/
☐ CMO ☐ Intraoperative/
☐ COO/VP/ Administrator ☐ Postoperative Operator
☐ Donor Recruitment ☐ Physician
☐ Education/Training ☐ Medical Director
☐ Information Technology ☐ Research
☐ Inventory Management ☐ Supplier of Medical Devices
☐ Laboratory Director ☐ Technologist/Technician
☐ Physician's Assistant/
Nurse Practitioner/Nurse ☐ Transfusion Safety Officer
☐ Other _____

K. *Please select topics on which you would like to receive communications from AAB.B (check all that apply):

☐ Quality ☐ Public Policy
☐ Blood Donation & Collection ☐ Immunohematology
☐ Patient Transfusion ☐ Biotherapies
☐ Regulatory & Compliance ☐ Industry News
☐ Member Benefits & News

SECTION 4: REGISTRATION FEES (IN US\$)

	EARLY BIRD Received On/Before 8/3/2022		ADVANCE Received Between 8/4–8/31/2022		REGULAR Received Between 9/1–10/4/2022	
	Full	1 Day	Full	1 Day	Full	1 Day
Member	\$820	\$375	\$950	\$425	\$1,080	\$585
Non-Member	\$1,095	\$510	\$1,225	\$565	\$1,355	\$725
Student	\$375	\$165	\$375	\$165	\$390	\$175
Assessor	\$720	\$325	\$850	\$375	\$980	\$535
Exhibitor Personnel	\$90					

For daily registrants only, please select the day(s) you will attend:
☐ Sat., Oct. 1 ☐ Sun., Oct. 2 ☐ Mon., Oct. 3 ☐ Tues., Oct. 4
of days _____ x daily fee _____ = total due

EXHIBIT HALL PASS

	EARLY BIRD Received On/Before 8/3/2022	ADVANCE Received Between 8/4–8/31/2022	REGULAR Received Between 9/1–10/4/2022
Saturday/Sunday	\$225	\$260	\$295
Monday	\$185	\$225	\$255
All 3 Days	\$500	\$575	\$665

OPENING RECEPTION GUEST PASSES (limited to 3 passes) ☐ \$125 per pass
Paid, full meeting registrants may register up to three (3) guests for the opening reception. Booth personnel, children under 16 or professionals in the field of blood banking, transfusion medicine or biotherapies may not register for an Opening Reception guest pass.

Guest name(s): _____

SECTION 4 SUBTOTAL = \$ _____

☐ Do you require a Letter of Invitation to attend the Annual Meeting?

REGISTERING AT THE NON-MEMBER RATE?
JOIN AAB.B NOW AND SAVE OVER \$200!

Call +1.301.215.6489 or visit aabb.org/join for more information.

New members must have an AAB.B member ID number to receive the member rate.

SECTION 5: TICKETED EVENTS

- ☐ **Biotherapies Networking Breakfast** Saturday, Oct. 1 | 7:15 am – 8:15 am
- ☐ **New Member and First Time Attendee Lunch** Saturday, Oct. 1 | 12:45 pm – 2:00 pm
- ☐ **Biotherapies Sizzling Topics Luncheon** Sunday, Oct. 2 | 11:30 am – 1:00 pm
- ☐ **Assessor Networking Reception** Sunday, Oct. 2 | 6:00 pm – 7:30 pm

SECTION 6: NBF EVENTS

- ☐ **NBF Run for Research** Sunday, Oct. 2 | 7:00 am | Hyatt Regency Orlando or Virtual
 - ☐ With Shirt (in-person) **\$65**
 - ☐ Without Shirt (in person) **\$55**
 - ☐ With Shirt (Virtual) **\$60**
 - ☐ Without Shirt (Virtual) **\$50**

Must choose one option: ☐ Walking **OR** ☐ Running
If running: Please include the age you will be on race day: _____
Your Shirt Size: ☐ S ☐ M ☐ L ☐ XL

- ☐ **Support the Foundation without an early-morning wake-up call.** Select the “Sleep-In” option and we won’t enroll you in the race – but you still get a T-shirt to show your support for the NBF mission!
Sleep-in registration fees: \$25
Your Shirt Size: ☐ S ☐ M ☐ L ☐ XL

NBF DONATION

Your contribution to the National Blood Foundation helps us advance transfusion medicine and biotherapies by investing in the future leaders of the field and by providing opportunities for education and knowledge transfer. All donations are tax deductible. 501(c)(3) tax ID #36-2384118.
Thank you for your support of the NBF.
☐ \$25 ☐ \$50 ☐ \$100 ☐ Other: _____

By donating to the NBF, you are invited to attend the **NBF Reception – A Party with a Purpose** | Friday, September 30 | 6:00 pm – 7:30 pm. Additional details will be provided prior to the Annual Meeting.

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name	
Phone (include area and/or country codes)	Relationship to attendee

SECTION 7: ON-DEMAND PRESENTATIONS

Annual Meeting attendees will have access to the on-demand version of education sessions available for the days you are registered, including the sessions you missed (content viewing only). For those that wish to earn CME/CE credit for on-demand sessions, add the 2022 Annual Meeting On-Demand package to your registration (only available for full meeting registrants, not for daily registrants). Access to earn credits will be available through Dec. 31, 2024.

☐ Member	\$259
☐ Non-Member	\$309
☐ Student	\$99

SECTION 8: SPONSOR A REGISTRATION

AABB members from throughout the world have stepped forward to sponsor Annual Meeting registrations for peers impacted by COVID-19, reminding us once again of the selflessness and dedication of our community.

☐ Full Meeting	\$820
☐ Daily	\$375

If you would like use this registration for a specific person, please contact the AABB Meetings team at meetings@aabbb.org or AABB will provide to attendees who have requested financial registration assistance.

SECTION 9: HOUSING RESERVATION

NOTE: HOUSING DEADLINE IS WEDNESDAY, SEPT. 7

Attendees must register before making housing reservations. Your housing reservation is guaranteed only upon written confirmation, which you should receive within three business days via email.

A credit card (American Express, Visa, MasterCard, Discover) is required to guarantee your room reservation. Please note that the credit card may be pre-authorized prior to your arrival.

Please select your hotel in order of preference. Every attempt will be made to place you in your selected hotel, but if unavailable, a reservation will be made for you at a comparable hotel.

- ☐ **Hyatt Regency Orlando**
\$315 single/double, includes \$12 daily resort fee
(Across the street from the Orange County Convention Center)
- ☐ **Hilton Orlando**
\$299 single/double, includes \$13 daily resort fee
(0.9 miles from the Orange County Convention Center)
- ☐ **Rosen Plaza** | \$249 single/double
(Adjacent to the Orange County Convention Center)
- ☐ **Rosen Centre** | \$259 single/double
(Adjacent to the Orange County Convention Center)

Check in date

Check out date

- ☐ Single ☐ Dbl-1bed ☐ Dbl/Dbl-2beds

Sharing with

Special Requests

If my choices are unavailable, please book my room based on:
☐ Rate \$_____ or ☐ Proximity to Convention Center

I do not require a room because:
☐ I have reservations at (hotel):

- ☐ I am staying at a local residence
- ☐ I am sharing a room _____
(Please list name of person sharing with you)
- ☐ I will reserve a room later

SECTION 10: PAYMENT

(Payment in USD must accompany your registration form.)

TOTAL REGISTRATION FEE DUE *(Sections 4, 5, 6, 7 & 8)*

\$ _____

- ☐ Check enclosed, check number: _____
- ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Card Number *(Required to guarantee hotel reservation)*

Expiration Date *(Valid Oct. 2022 or after)*

Name *(cardholder)*

Signature

“WORRY FREE” CANCELLATION

We are looking forward to gathering with you in Orlando and we remain confident that we will be able to do it safely. However, we understand that the situation with COVID-19 changes and requires us to be flexible. Due to these unprecedented circumstances, we have temporarily revised our policy to support our attendees. AABB is providing a no-risk cancellation policy, a 100% refund, for those who register at the early bird registration rate by **Wednesday, August 3, 2022.**

If you register between **Thursday, August 4 – Wednesday, August 31**, we'll refund your registration fees, less a \$75 service fee.

No refunds will be given to individuals that register after **Thursday, September 1** or to no-shows.

This policy will apply to your registration fees for the 2022 AABB Annual Meeting only and does not apply to any other reservations made related to the Annual Meeting such as hotel accommodations, transportation, meeting room requests and/or exhibits.

In order to cancel, you must email **aabb@maritz.com**. We will not be able to process cancellations through any other manner. Registrant substitutions will be accepted with written notification from the original registrant. A processing fee of \$50 (other fees may apply for different registrant types) will be assessed. Only one substitution per registrant is allowed. A registration transfer to other AABB meetings is not allowed.

HOUSING CANCELLATION POLICY

- All new reservations should be made directly with Maritz by 5:00 pm ET Wednesday, Sep. 7, 2022.
- After Sept. 7, you may continue to contact Maritz for reservation changes, cancel requests or new reservations (based on availability) until 5:00 pm ET Friday, Sept. 9.
- You can begin contacting hotels directly for all reservation needs starting Monday, Sept. 19.

Room cancellations must be made at least 72 hours prior to arrival. Failure to cancel within the appropriate time frame will result in a one night's room and tax penalty.

Failure to arrive on your scheduled arrival date may result in a cancellation fee equal to one night's room rate and tax.

AABB is not responsible for failure to check-in on your scheduled day of arrival and cannot guarantee availability onsite.

QUESTIONS? Contact Maritz Global Events, AABB's official Registration and Housing provider at: +1-864-641-0348 (U.S. & Intl.) or email **aabb@maritz.com**.