

Corporate Affiliate Application

Pharmaceutical, Medical Device, Consulting,
Agencies, Private Practice Groups



SABM[®]

SOCIETY FOR THE ADVANCEMENT
OF PATIENT BLOOD MANAGEMENT

19 Mantua Rd, Mt. Royal, NJ 08061 USA

Phone: 928-551-6400 | Fax: 856-423-3420

membership@sabm.org | www.SABM.org

Affiliate Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Primary Contact: _____ Title: _____
Email Address: _____ Phone: _____

ANNUAL BENEFITS	STANDARD LEVEL	PREMIER LEVEL
Individual Memberships	Up to 1	Up to 2
Annual Meeting Registrations	Up to 2	Up to 4
Corporate logo and link on SABM website	✓	✓
Access to SABM PBM Toolkit	✓	✓
Access to SABM Membership Directory	✓	✓
Corporate logo in Newsletter (all issues)		✓
Licensed use of SABM email distribution list per policy (annually)		✓

1. Affiliate Level

Standard \$3,000 Premier \$5,000

NOTE: Benefits applied month of receipt of payment.

2. Individual Affiliate class memberships to be included with this application:

STANDARD

Name: _____
Title: _____
Phone No.: _____
Email Address: _____

PREMIER (add 1 more)

Name: _____
Title: _____
Phone No.: _____
Email Address: _____

3. Annual Meeting Registrations

Directions on how to register for the Annual Meeting will be sent when registration for the current Annual Meeting is open.

4. Send Logo and Website Link to info@sabm.org

5. Payment Information

Payment Method:

Check Send payment with application to the address below.

SABM
19 Mantua Road
Mt. Royal, NJ 08061

Credit Card Visa Master Card American Express

Name on Card _____

Card Number _____

Expiration Date _____

CVV _____