



SOCIETY FOR THE ADVANCEMENT
OF BLOOD MANAGEMENT

2017 ANNUAL MEETING

PBM Certificate Course and Exam | September 6, 2017 | 7am – 6pm

2017 Annual Meeting | September 7 - 9, 2017

Hilton Portland & Executive Tower | Portland, Oregon

HOSPITAL AFFILIATE INDIVIDUAL REGISTRATION FORM

Please complete **ONE FORM FOR EACH STANDARD OR PREMIER LEVEL MEMBER**, indicating the sessions requested; PBM Certificate Course and Exam, if applicable; and form of payment. Please return completed form to SABM, via e-mail at sabm@sabm.org, or fax to (720) 496-4974.

Name _____
Last Name First Name Middle Initial Degree

Mailing Address _____

City _____ State _____ Zip Code _____

Institution _____

Office Phone () _____ Home Phone () _____

Fax () _____ Email* _____

*E-mail required for confirmation. Call (303) 339-0070 if you have not received a confirmation email within two weeks of submitting this form.

Concurrent Breakout Session Selection		
Friday, September 8, 2017 1:00pm – 2:45pm <i>(indicate preferred session)</i>		
<input type="checkbox"/>	1: Anemia	
<input type="checkbox"/>	2: Coagulation	
<input type="checkbox"/>	3: Administrative, Socioeconomics & Operations	
<input type="checkbox"/>	4: Surgery & Anesthesia	
<input type="checkbox"/>	5: Perfusion	
PBM Certificate Course and Exam Registration		
	Early Registration By August 7, 2017	Standard Registration After August 7, 2017
Members	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Registration Total: _____		

Fees include access to exhibit and poster halls and breakout sessions, general sessions, industry symposia, meeting materials, Welcome Reception and continental breakfast.

Register at www.sabm.org before August 7, 2017, to receive an early registration discount. If you have any questions about registration, please send an email to sabm@sabm.org or call us at (303) 339-0070.

All costs are listed in US currency.

SABM offers special pricing for Hospital Affiliate Members, Groups of 10 or more, and registrants from World Bank designated countries. For those registering in these categories contact SABM by email at sabm@sabm.org.

Check (*Made payable to SABM*) Credit Card: VISA MasterCard American Express

Card No. _____ Exp. Date _____

CVV Security Code _____

Card Billing Address _____ Card Billing Zip Code _____

Printed Name on Card _____ Signature _____

Cancellation Policy: Refund requests should be submitted in writing to SABM by August 7, 2017. A \$50 processing fee will be charged for all refunds. We regret that refunds cannot be allowed for requests postmarked or received after August 7, 2017. Registrations are transferrable assuming the new registrant qualifies for the same level of registration.

Special Accessibility: The Society for the Advancement of Blood Management has fully complied with the legal requirement of the Americans with Disabilities Act and encourages participation by all individuals. If you require special accommodations in order to fully participate in the meeting, please send a written description of your needs along with your registration form no later than August 7, 2017.

Mail or Fax to: SABM, P.O. Box 3098, Parker, CO 80134 | Fax (720) 496-4974. If you do not receive a confirmation e-mail from the SABM office within 14 days of submitting your registration form, please call the office to confirm that your registration material has been received.