

MABB EXHIBIT REGISTRATION FORM — 2011

APPLICATION MUST BE RECEIVED BY AUGUST 1, 2011

We hereby apply for exhibit space for our use at the Scientific Meeting of the Michigan Association of Blood Banks on September 14th and 15th, 2011, at the Schoolcraft College VistaTech Center, Livonia, Michigan. We understand that this application becomes a contract when signed by us and accepted by the Annual Meeting Committee. The fee is enclosed.

I. Submitted by: Please Print or Type

FIRM NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BY (Signature) _____ DATE _____

NAME (Type or Print) _____ TITLE _____

PHONE _____

II. Names and telephone numbers of representatives attending:

_____ E-mail: _____

_____ E-mail: _____

_____ E-mail: _____

_____ E-mail: _____

III. Electrical Requirements:

Number of outlets required: _____

Number and length of extension cords required: _____

IV. Any other special requirements? _____

V. Enclosed Check Includes:

Corporate Membership Dues: \$550.00 _____

Exhibit Space Only: \$500.00 _____

Lunches: Two lunches are provided
for each day of the meeting. Additional
lunches may be purchased for other guests. *

* _____ lunches @ \$18.00 each _____

Additional Donations/Sponsorships _____

TOTAL ENCLOSED _____

Please complete this form and mail to:

Michigan Association of Blood Banks
C/O Lisa Tyzo
29832 Buckingham
Livonia, MI 48154

Make checks payable to : **Michigan Association of Blood Banks.**

To pay by credit card, please fill out **all** of the fields below. If paying by credit card you may fax this form to our Administrative Office at (734) 422-3630.

Name on card _____

Billing address of credit card holder _____

City _____ State _____ Zip _____

Credit Card Number _____

Expiration Date _____ Credit Card Type (Visa, MC, or Discover) _____

CVC Number (MANDATORY) _____

This is the 3-4 digit code on the back of your credit card. We CANNOT process your request without it.

Signature _____