



South Central Association of Blood Banks ♦ Undergraduate Student Registration Form

2016 Annual Meeting ♦ Omni Resort - Houston, Texas

Institution Sponsor/Professor Information

First Name _____ Last Name _____

Educational Institution _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Email _____

I confirm that all of the below attendees are currently enrolled at _____
as undergraduate students. (Name of Institution)

Annual Meeting Registration

This registration is a single day registration (Onsite or Virtual) including all aspects of the meeting, exhibit hall and planned meal functions for **only Friday, June 3, 2016**, with the exception of the Presidents Awards Banquet. If you want to attend, you will need to purchase a Guest Pass for the President's Reception (\$50 per ticket). This may be purchased at the onsite registration desk. (Note: Virtual registration deadline : May 26, 2016)

Discounted Student Registration Rates:

- \$30.00 per student with a minimum group registration of 15
- \$50.00 per student if less than 15 in group

Total Number of Students Registering: _____ **Total Amount Due: \$** _____.

Payment

Will send check: Please mail check to: **SCABB Central Office, 2901 Richmond Rd., Suite 130-176,
Lexington, KY 40509**

Pay by Credit Card

Type of Card _____ CC Security Code _____

Credit Card Number _____ Exp. Date _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

I authorize SCABB to charge the above credit card for the amount indicated above.

Authorized signature: _____ Date: _____

