

APPLICATION AND CONTRACT FOR INDUSTRY WORKSHOP

15th International Cord Blood Symposium

Meeting Dates: June 8-10, 2017

Exhibit Dates: June 8-10, 2017

Manchester Grand Hyatt ~ San Diego, CA



Advancing Transfusion and Cellular Therapies Worldwide

Contact Information

Company Name.....
 Contact..... Title.....
 Tel..... Fax.....
 Email..... Web Site.....
 Address.....
 City..... State..... Zip..... Country.....

Industry Workshop Rate (fee includes room rental):

Rate -- \$3,000 Total Cost: \$ _____

Date/Time Preference:

Thursday, June 8, 7:00 pm – 11:00 pm: _____

Friday, June 9, 5:30 pm – 11:00 pm: _____

Conditions: 1. Audiovisual and food and beverage costs are the responsibility of the host company. 2. AABB has the right to deny applications or requests for the title and/or topics to be altered. 3. Upon cancellation, it is the host company's responsibility to notify the invited attendees and appropriate vendors. 4. Industry Workshops are not eligible for CME/CE.

Initials	Deposit and Payment Schedule
	Through February 8, 2017...50% deposit due
	After February 8, 2017...100% payment due

AABB requires payment in full no later than February 9, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Make checks payable to: AABB

Cancellation Penalties	Initials
Through February 8, 2017...50%	
February 8, 2017...100%	

Send payments to: American Association of Blood Banks

Mail: P.O. Box 791251 ♦ Baltimore, MD 21279-1251

Overnight: Lockbox 791251 ♦ 1000 Stewart Ave. ♦ Glen Burnie, MD 21061

Wire: Contact exhibitorservices@spargoinc.com for wiring instructions

Tel: 800.564.4220 ♦ Fax: 703.563.2691

Email: exhibitcontracts@spargoinc.com

Credit Card Payment

Visa MasterCard American Express

Card Number: _____ Amount: \$ _____

Exp. Date: _____ Name on Card: _____ Signature: _____

Card Billing Address: _____

I acknowledge that as an authorized representative of the above stated Exhibitor, This exhibit space application will become a contract upon Exhibitor's authorized signature and AABB's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....

Show Management Use

Authorized AABB Signature..... Date.....

Account Number..... Industry Workshop..... Date/Time..... Total Cost.....

INDUSTRY WORKSHOP INFORMATION

Please provide the following information and submit with application. Note: Industry Workshop attendance is by invitation only. The host company has the right to refuse admittance.

Program Title:

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Event Level: - Beginner - Intermediate - Advanced

Description (a brief description outlining content of the proposed program):.....
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Contact Information:

Company Name.....
Contact..... Title.....
Tel..... Fax.....
Email..... Web Site.....
Address.....
City..... State..... Zip..... Country.....

Speaker Name (1)

Name..... Title.....
Company Name.....
City..... State..... Zip..... Country.....

Speaker Name (2)

Name..... Title.....
Company Name.....
City..... State..... Zip..... Country.....

Speaker Name (3)

Name..... Title.....
Company Name.....
City..... State..... Zip..... Country.....

(Attach additional speaker information).