

**2024 MABB 70th Annual Meeting**

Wednesday, September 25, 2024

Thursday, September 26, 2024

Exhibitor Application

**Company Name:**

**Street Address:**

**City:**

**State/Province:** **Zip Code:**

**Contact Name:**

**Contact Phone Number:**

**Contact Email Address:**

We hereby apply for exhibit space for use at the Scientific Meeting of the Michigan Association of Blood Banks on September 25th and 26th, 2024, at the Schoolcraft College VisTaTech Center in 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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Vendor Options | Fee |
|  [ ]  **Corporate Membership Dues** | $700.00 USD |
|  [ ]  **Exhibit Space Only** | $650.00 USD |

If paying by check, please complete this form and mail to:

MABB c/o Terry Downs

1701 Saunders Crescent Ann Arbor, MI 48103

mabbofficemanager@gmail.com

Make checks payable to:  Michigan Association of Blood Banks.

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If paying by credit card, you may fax this form to Terry Downs @734‐936‐6854

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.

PayPal payment is available on the website: www.mabb.org

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table Representatives:

Company representative #1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company representative #2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_