



2025 MABB 71st Annual Meeting
Wednesday, September 10, 2025
Thursday, September 11, 2025
Exhibitor Application

Company Name: _____

Street Address: _____

City: _____

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

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

We hereby submit our application for exhibit space at the Scientific Meeting of the Michigan Association of Blood Banks, to be held on September 10–11, 2025, at The Vistatech Center in Livonia, Michigan. We understand that this application constitutes a binding contract once signed by us and accepted by the Annual Meeting Committee. We further understand that the exhibit fee includes admission for two representatives of our choosing each day. Additional representatives will incur a fee of \$25.00 per person.

Signature: _____

Vendor Options	Fee
<input type="checkbox"/> Exhibit Space Only	\$715.00 USD
<input type="checkbox"/> Corporate Membership Dues (Exhibit space and attendance of 1 employee per day.)	\$770.00 USD

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

MABB c/o Cristey Pebley
3674 E Coon Lake Rd., Howell, MI 48843
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 Cristey Pebley @ 517-546-4606.

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 _____

Additional personnel (please add an additional \$25 per person)
