Registration

Register as soon as possible, preferably by 5 pm on September 8. On-site registration will be offered.

You may become an MABB member or renew your membership when you register. If you are not currently an MABB member and wish to join at registration, or if you need to renew your 2026 membership, you may register at the member rate. New memberships will be valid through December 2027**.**

Membership dues for either 2026 or 2027

Student or resident	$25
Individual non-physician	$40
Individual physician	$70
Institution	$85

Each institutional member may send ONE non-member at the member rate. All others must be individual members to qualify for the member rate.

To cancel a registration for a day and receive a refund, send a request to mabbofficemanager@gmail.com by the start of the meeting on that day.

Email questions about registration or other aspects of this meeting to Cristey Pebley at mabbofficemanager@gmail.com.

Registration options

- Register online at https://mabb.org/events/annual-meeting/annual-meeting-registration/ by 5 pm on September 8 (preferred).
- Fax the registration form below to 517-546-4606, attn: Cristey Pebley, by 5 pm on September 8.
- Mail the registration form below to this address (must be received by September 8):
  Michigan Association of Blood Banks
  Attn: Cristey Pebley
  3674 E Coon Lake Rd
  Howell, MI 48843-9431
- Register on-site.

Registration Form

Name _____

Credentials: □ MT(ASCP) □ MLS(ASCP) □ SBB □ MD □ PhD □ Other_____

Institution/Employer_____

Preferred Mailing Address: □ Home □ Work

Address _____

City_____ State_____ ZIP _____

Work Phone_____Fax_____

Home Phone_____Email_____

If you are paying dues with this registration,

Member type: □ Student or resident □ Individual non-physician □ Individual physician □ Institution

□ New membership □ 2026 renewal □ 2027 renewal

SINGLE DAY

Day attending: □ Wednesday □ Thursday

	Virtual	Live	
MABB Member	$100	$110	$ _____
Non-Member	$140	$155	$ _____
MLS Student, or Resident	$40	$45	$ _____

BOTH DAYS

MABB Member	$170	$185	$ _____
Non-Member	$225	$245	$ _____
MLS Student, or Resident	$80	$90	$ _____
MEMBERSHIP DUES			$ _____
TOTAL REMITTANCE			$ _____

□ Check enclosed, payable to "Michigan Association of Blood Banks"

□ Credit Card (Visa/Mastercard/Discover)

Name on card_____

Credit card number_____

Billing address of card_____

City_____ State____ ZIP_____

Expiration Date_____ Signature_____

CVC Number_____ (3-4 digit code on back of card)