



EBAA EDUCATION INSTITUTE

Registration Form

Please print:

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Primary Contact Name: _____

Email address: _____

DONOR CASE STUDIES

Presenter: Tom Miller

Wednesday, March 31, 2010 at 3:00pm EST

_____ \$120 EBAA Members _____ # of additional lines
\$60/each for members, \$120/each for non-members

_____ \$240 Non-Members **Total \$** _____

Charge my: VISA MASTERCARD AMERICAN EXPRESS DISCOVER Check enclosed in U.S. CURRENCY

ACCOUNT # _____ VISA CODE _____ EXP. DATE: _____

NAME OF CARD HOLDER, BILLING ADDRESS, ZIP CODE:

(REQUIRED) _____

SIGNATURE _____

The registration fee includes one telephone line to the teleconference and one set of conference materials via email to the primary contact. All CEBTs of each registered site who participate in the call may apply for one EBAA CEU credit. A confirmation will be emailed to the primary contact **ONLY** upon receipt of a registration form. **The EBAA reserves the right to restrict/revoke participation if an individual's phone number or identification does not match the registrant's identification. Refunds of 75% will be given for cancellations received in writing no later than Friday, March 26. After that date, no refunds will be given.**