

# Experience in Blood Banking 2019 Registration Form

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In order to accurately record your registration, we ask that you please TYPE your information.

**Name:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Attendee Email:** (Used to communicate all information about the program, including registration confirmation and how to access course handouts) \_\_\_\_\_

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## Which of the following best describes you?

Student     Generalist Tech     Blood Bank Tech     Supervisor/Manager     Other \_\_\_\_\_

## Which of the following best describes your blood banking experience?

Less than 1 year     1-5 years     6-10 years     Greater than 10 years

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Please mark the course(s) you will attend:

(Please note, the two "101" courses have identical programs)

### 101 Course

February 19-20, 2019

- I will attend both days
- I will attend February 19
- I will attend February 20

### 101 Course

March 5-6, 2019

- I will attend both days
- I will attend March 5
- I will attend March 6

### Advanced Course

April 2-3, 2019

- I will attend both days
  - I will attend April 2
  - I will attend April 3
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Lunch will be provided; however, **we are unable to accommodate special dietary restrictions.** Please indicate if you will NOT be eating the provided lunch.     I will provide my own lunch.

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Please save completed form and submit via email to [EBB@cbckc.org](mailto:EBB@cbckc.org) or fax (816)277-0757

**You will receive an email confirming your registration**