



SOUTH CENTRAL
Association of Blood Banks

SCABBinar SPONSOR AGREEMENT FORM

This form must be completed in its entirety

My Company agrees to sponsor the webinar, _____,
(Title of webinar)
presented by SCABB on ____/____/____.

Company Name _____

Representative _____ Phone _____

Address _____

City _____ State _____ Zip _____

Method of Payment:

CHECK

If paying by check, please address your payment to:

*SCABB Central Office
2901 Richmond Road, Suite 130-176
Lexington, KY 40509*

CREDIT CARD

Please circle credit card type: VISA MASTERCARD AMERICAN EXPRESS

Credit Card #: _____ Expiration: ____/____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name as it appears on card (please print): _____

By signing below, I authorize SCABB to charge my credit card for the amount of \$250.00.

Signature of cardholder _____ Date: _____

Return completed form to South Central Association of Blood Banks Central Office via

FAX: 866-649-6590
EMAIL: scabb@scabb.org
Questions? 866-649-6550