



SOCIETY FOR THE ADVANCEMENT
OF BLOOD MANAGEMENT®
www.SABM.org

CORPORATE AFFILIATE APPLICATION

PHARMACEUTICAL, DEVICE, CONSULTING, AGENCIES, PRIVATE PRACTICE GROUPS

Affiliate Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Primary Contact: _____ **Title:** _____

Email Address: _____ **Phone:** _____

1. Affiliate Level

Platinum \$15,000 Gold \$10,000 Silver \$5,000 Bronze \$3,000

NOTE: Benefits applied month of receipt of payment. Benefits are renewable on ANNIVERSARY DATE _____

2. Individual Passes/Registrations to be included with this application:

Name: _____

Title: _____

Phone No.: _____ Fax No. _____

Email Address: _____

Name: _____

Title: _____

Phone No.: _____ Fax No. _____

Email Address: _____

SILVER (add 1 more)

Name: _____

Title: _____

Phone No.: _____ Fax No. _____

Email Address: _____

GOLD (add 1 more)

Name: _____

Title: _____

Phone No.: _____ Fax No. _____

Email Address: _____

PLATINUM (add 1 more)

Name: _____

Title: _____

Phone No.: _____ Fax No. _____

Email Address: _____

3. Send Logo and Link to info@sabm.org

4. Payment Information

Payment Method:

Check

Send payment with application to the address below.

SABM
350 Engle Street
Englewood, NJ 07631

Credit Card

Visa

Master Card

American Express

Card Number _____

Expiration Date _____

| ANNUAL BENEFIT LEVEL | BRONZE \$3,000 | SILVER \$5,000 | GOLD \$10,000 | PLATINUM \$15,000 |
|---|-------------------|-------------------|------------------|----------------------|
| Annual Meeting Registrations | 2 | 3 | 4 | 5 |
| Individual <i>Priority Access</i> to Members Area | 2 | 3 | 4 | 5 |
| Affiliate Logo and Link on SABM.org/our-sponsors | ✓ | ✓ | ✓ | ✓ |
| Recognized in Monthly <i>PBM E-ZINE</i> to SABM Membership | | ✓ | ✓ | ✓ |
| Recognized in Weekly <i>PBM Articles of Interest</i> to SABM Membership | | | ✓ | ✓ |

Note: Directions on how to register for the Annual Meeting will be sent when registration for the current Annual Meeting is open.