



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.