

**PBCC SEMINAR REGISTRATION FORM** (rev. 07/2016)

SEMINAR TITLE  Date

**Participant Information (please fill this form with ACCURATE & LEGIBLE INFOS)**

Lastname  Firstname  MI

Title (i.e. MD, RN, RMT, etc.) PRC#

Institution connected with (do not abbreviate)

your designation in this institution

Complete address of your institution you are currently working with

Phone #  local/ext. #

Check the appropriate box for classification

- Blood Center (BC)  Blood Bank additional functions (BB+)  
 Blood Bank (BB)  Blood Station (BS)  Blood Collecting Unit (BCU)

Residence complete address

Phone #  email address

CPhone #  GENDER

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