

BBANYS ANNUAL MEETING REGISTRATION FORM

Name and Credentials () Phone Number

Mailing Address

City/State Zip Code

Institutional Affiliation E-mail

Thursday, May 20, 2010

- Scientific Program, AM
- Administrative Program, AM
- Technical Program, AM

- Scientific Program, PM
- Quality Program, PM
- Technical Program, PM

Evening Reception I will attend I will not attend

- Thursday Lunch Choice:
- Herbed Chicken Breast
 - Boston Scrod
 - Vegetable Wellington
 - Kosher
 - I decline lunch

Friday, May 21, 2010

- Scientific Program, AM
- Nursing Program, AM
- Technical Program, AM
- Scientific Program, PM

- Friday Lunch Choice:
- Ham and Swiss Cheese
 - Turkey
 - Roast Beef and Cheddar Cheese
 - Grilled Vegetable
 - I decline lunch

A listing of registered participants will be provided to our exhibitors. If you wish to have your information excluded from this listing, please indicate your preference by checking the box below.

Do not provide my information in the participant listing to exhibitors.

Fee Schedule	Member	Non-member	On-site	Student
Full Program	\$230	\$250	\$260	\$120
All Thurs. & Fri. AM	\$200	\$220	\$230	\$110
Full day	\$130	\$150	\$160	\$ 75
Half day	\$ 85	\$100	\$110	\$ 50
Nursing Program Only	\$ 85	\$ 85	\$100	\$ 50

Nonmembers who wish to join BBANYS may register for the meeting at the member rate by enclosing a completed membership application (found on the website at www.bbanys.org) with this form.

TOTAL ENCLOSED \$ _____
(Advance Registration by April 28, 2010)

Make checks payable to **BBANYS, INC**

We are able to accept **Visa, MasterCard and American Express**

Please check card type: Visa MC AMEX

Card Number: _____

Expiration Date: _____ CVC Number _____
 (3 digit code on back for Visa and MC)

Signature: _____
 (Your signature gives authorization to charge your credit card.)

Name and billing address of credit card holder:

Print Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Send form and payment to:

Kevin Pelletier, BS, MT(ASCP)
 Blood Banks Association of New York State, Inc.
 P.O. Box 38002
 Albany, NY 12203-8002

Phone: (518) 356-0527 Fax: (518) 356-5612
 E-Mail: BBANYS@BBANYS.org



Holiday Inn

ALBANY ON WOLF ROAD

At the Holiday Inn Albany on Wolf Road, we look forward to welcoming you to the Blood Banks Association of New York State's 59th Annual Meeting.

Located in the heart of the Wolf Road Shopping District, our guest rooms feature two-dual line speakerphones, refrigerators, in-room safes, coffee makers, hair dryers, irons and ironing boards, and 27" flat screen TVs with pay-per-view movies. Beds are accompanied with plush duvet cover, triple sheeting, and even a pillow "menu" which enables you to choose a synthetic or feather pillow with your choice of firmness, as well as a neck pillow.

During your stay, whether you use our heated indoor and seasonal outdoor pools, sauna, whirlpool, 24-hour fitness center, and video game arcade - we provide ample opportunities to unwind. Indulge in an energized menu of creative appetizers, entree salads, house specialties, plus a full selection of exceptional entrees and wines at the Grille Restaurant, where kids eat free (12 & under). Our premier cocktail lounge, 205 on Wolf, offers exciting beverages and a full dinner menu.

- 205 lounge - Albany's premiere Cocktail and Wine Bar
- 312 beautifully appointed guest rooms and suites
- Complimentary high-speed Wi-Fi wireless Internet access
- Comfortable new beds, with pillow top mattresses
- 22,000 square feet of versatile event space
- Approximately 5 minutes from Albany International Airport (ALB)
- Complimentary shuttle service to & from airport
- Newly renovated business center and cafe
- Full service Grille Restaurant, serving breakfast, lunch and dinner
- State-of-the-art health club
- Heated indoor swimming pool and whirlpool
- Complimentary parking
- Priority Club, frequent guest program



BLOOD BANKS ASSOCIATION OF NYS

59TH ANNUAL MEETING

WEDNESDAY, MAY 19, 2010 – FRIDAY, MAY 21, 2010



RESERVATION DEADLINE: APRIL 28, 2010

* ALL STARRED ITEMS MUST BE COMPLETED OR YOUR RESERVATION FORM WILL BE RETURNED FOR COMPLETION *

CONTACT INFORMATION

*NAME: _____
*CHAPTER / ORGANIZATION: _____
*OTHER PERSON(S) IN ROOM: _____
*ADDRESS: _____
*CITY / STATE: _____ *ZIP CODE: _____
*DAY TIME PHONE NUMBER: _____ FAX: _____
*EVENING PHONE NUMBER: _____ EMAIL: _____

RESERVATION INFORMATION

* DATE OF ARRIVAL: _____ * DATE OF DEPARTURE: _____
SMOKING PREFERENCE, BASED ON AVAILABILITY: [] NON-SMOKING [] SMOKING
ROOM TYPE PREFERENCE, BASED ON AVAILABILITY: [] ONE BED [] TWO BEDS [] ACCESSIBLE
GUEST ROOM RATE: \$119.00 PER ROOM PER NIGHT PLUS 14% NYS TAX
If you are exempt from NYS Sales Tax, please provide a copy of your Exemption Form when returning your Reservation Form.

PAYMENT INFORMATION

All reservations will require a credit card for guarantee, please fill in the required information below. Please note that your reservation will NOT be made or guaranteed without a credit card or deposit.

CREDIT CARD NUMBER**: _____ EXPIRATION DATE**: _____
NAME OF CARDHOLDER**: _____ SIGNATURE**: _____

CANCELLATION

If you find that you need to cancel your reservation please do so by 6pm on the day of arrival. Reservations cancelled after 6pm on day of arrival will be billed one night room and tax.

CONFIRMATION NUMBERS

Please note that confirmation numbers will not be provided until after April 15, 2010 at that time, confirmation numbers will be mailed to the address provided above. You will however receive either an email or mailed letter upon receipt of your reservation form so that you know that we have received it.

PLEASE SEND COMPLETED RESERVATION FORMS TO:

Holiday Inn Reservations Department
205 Wolf Road ~ Albany, NY 12205
Fax: 518-458-7377 Phone: 518-458-7250

RESERVATION DEADLINE: APRIL 28, 2010