

21th Annual Symposium Immunoematology & Blood Transfusion

Registration

Advanced registration is required. There is **No Fee** for attending the symposium.
Please return registration form by September 5, 2002.
Registration will be confirmed.

Name and credentials

Affiliation

Mailing address

Telephone

Ways to Register

Mail this form to:

Karen M. Byrne, MT (ASCP)SBB
National Institutes of Health
Warren Grant Magnuson Clinical Center
Department of Transfusion Medicine
Building 10, Room 1C711
10 Center Drive MSC 1184
Bethesda, MD 20892-1184

FAX this form to: (301) 496-9990, Attention: Karen M. Byrne

Register on-line at:

http://www.cc.nih.gov/ccc/dtmsymposium/dtm_sym2002_registration.html