

Preparing your Facility for FACT Inspection

The purpose of this workshop is to explain the FACT accreditation requirements, to answer commonly asked questions, clarify the intent of checklist questions, and to assist applicants and potential applicants in organizing and preparing their program for a FACT on-site inspection.

WHERE: Hawaii Convention Center
Honolulu, Hawaii

WHEN: February 15, 2006
8:00 a.m. - 5:00 p.m.
(ASBMT Meeting)

FEE: \$500 (before January 24, 2006)
\$550 (after January 24, 2006)

(Please print clearly)

Name: _____ Degree: _____ Last 4 digits of Social Security#: _____

Institution: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

_____ Check (U.S. Dollars) made payable to UNMC/FACT
_____ Charge to my credit card: MasterCard, Visa or American Express
Card # _____
Expiration Date ____/____ Amount _____
Name of Cardholder _____
Signature _____

Fax this completed registration form and payment to 402-559-1951 or mail form and payment to: FACT Accreditation Office, University of Nebraska Medical Center, 986065 Nebraska Medical Center, Omaha, NE 68198-6065

*Foundation for the Accreditation of Cellular Therapy
Phone: (402) 559-1950 Fax: (402) 559-1951*