



Armando R. Orlina M.D.
Award Application



Applicant Section

Name _____

Mailing Address _____

Phone Number _____ Email Address _____

Current Program MLT MT SBB Other: (Specify)

Name of Program: _____

Type of Project

Research Paper Audio Visual Production Exhibit

Web Based Application Graphical Presentation

Project Title:

This application and attached material represents my preparation and presentation and does not contain direct use of someone else's writing or intact portions of text from other sources. I have conducted my own literature review of the references. I understand that the material I submit to the ILABB will not be returned to me.

Signature of the Applicant: _____ : Date: _____

Please mail three (3) copies of the completed application, abstract (~500 words), and your project by January, 31 to:

Education Committee
Illinois Association of Blood Banks

P.O. Box 2123
Glenview, IL 60025

For further information regarding the ARO award, please visit www.ILABB.org