



HOLIDAY 2017 BANKING ENROLLMENT FORM

RECIPIENT NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STEM CELL BANKING COSTS		
QTY	SERVICE	DESCRIPTION
1	Mandatory Blood Screening	Banking eligibility tests: HIV, Hep B, Hep C, Syphilis, PT, PTT w/INR Other Tests: HLA, Comprehensive Metabolic Panel, Comprehensive Lipid Panel
1	Banking Enrollment Fee	One-time-fee includes: - Fat Extraction - Mesenchymal stem cell (MSC) isolation - MSC processing - Quality control tests - Cells prepared for cryopreservation
1	Yearly Banking Fee	Cell maintenance fees are paid upfront for one
		<i>BANKING TOTAL BEFORE DISCOUNT</i>
		\$6,500
		TOTAL WITH HOLIDAY 2017 BANKING DISCOUNT OF 20%*
		\$5,200

*Offer valid through December 31st, 2017

A credit card number is **REQUIRED** for future annual banking fees.

NAME OF CARDHOLDER: _____

CARDHOLDER PHONE NUMBER: _____

CARDHOLDER EMAIL ADDRESS: _____



CARD NUMBER: _____ EXPIRATION: ____/____ CCV: _____

I authorize Celltex Therapeutics to charge my credit card according to the terms in the Celltex Banking Agreement.

SIGNATURE: _____ DATE: _____

I want to pay \$5,200 for the Banking Fees by Check or Money Order, payable to "Celltex Therapeutics".

**** Please email the completed form to: pnewhouse@celltexbank.com ****