

2020 ASPHO CONFERENCE REGISTRATION FORM

May 6–9, 2020 | Fort Worth, TX | Fort Worth Convention Center

FOR OFFICE USE ONLY

Cust # _____ Mtg Ord #1- _____

Date _____

Please print. Use a separate form for each registrant. Duplicate as necessary.

Full Name _____ First Name for Badge _____
 Credentials _____ National Provider Identifier (NPI) # _____
 Facility _____ Facility City/State _____
 Mailing Address (Home Office) _____ City/State/ZIP _____
 Daytime Phone (Home Office) _____ Country _____
 E-mail* (required) (Home Office) _____

Check here if this will be your first ASPHO Conference. (FTA)

*You will receive an e-mail confirmation of your registration when it has been processed.

Emergency Contact Name _____ Daytime Phone _____ Evening Phone _____

To register, make your selections in the boxes below, add the subtotals, and indicate the total in Box G.

Conference Registration		A	
	On or Before 3/31/2020	After 3/31/2020	
Member Rates			
Regular Member	<input type="checkbox"/> \$580	<input type="checkbox"/> \$680	
Allied Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	
Trainee Member	<input type="checkbox"/> \$270	<input type="checkbox"/> \$370	
Emeritus Member	<input type="checkbox"/> \$270	<input type="checkbox"/> \$370	
International Rates			
Low/Lower-Mid Income Economy	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325	
Upper-Mid/High Income Economy	<input type="checkbox"/> \$580	<input type="checkbox"/> \$680	
Nonmember Rates			
Nonmember Physician	<input type="checkbox"/> \$780	<input type="checkbox"/> \$880	
Allied Nonmember	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	
Trainee Nonmember	<input type="checkbox"/> \$345	<input type="checkbox"/> \$445	
Medical Student/Resident	<input type="checkbox"/> \$80	<input type="checkbox"/> \$180	
To join ASPHO and save on registration, see Box B			
		Subtotal A \$ _____	

Become a Member		B	
Regular Member	<input type="checkbox"/> \$380	<i>New member endorsement is required from a current ASPHO member; employment supervisor endorsement is needed for trainee applicants.</i>	
Regular Member <small>(2-year Membership)</small>	<input type="checkbox"/> \$760		
Regular Member <small>(First Year Post Fellowship)</small>	<input type="checkbox"/> \$125		
Allied Member	<input type="checkbox"/> \$165		
International Member			
Upper-Mid/High Income	<input type="checkbox"/> \$380	Name and e-mail of new member endorser _____ _____	
Lower-Mid/Low Income with Journal	<input type="checkbox"/> \$145		
Lower-Mid/Low Income without Journal	<input type="checkbox"/> \$85		
Trainee Member		For member type descriptions and benefits information, visit aspho.org/membership .	
First-Year Fellow	<input type="checkbox"/> no charge		
Second-Year Fellow	<input type="checkbox"/> no charge		
Third-Year Fellow	<input type="checkbox"/> no charge		
Fourth-Year Fellow	<input type="checkbox"/> \$125		
Fifth-Year Fellow	<input type="checkbox"/> \$125	Subtotal B \$ _____	

Special Requests		C	
<input type="checkbox"/> I require special assistance. Please contact me. (SA)			
<input type="checkbox"/> I will need a vegetarian meal. (SDV)			
<input type="checkbox"/> I wish to have my name, institution, and city/state included in the onsite attendee list. (DIS)			

Session Registration		D	
<i>Please note the workshops you plan to attend. See schedule at aspho.org/2020conf for session codes.</i>			
Wednesday, May 6		Friday, May 8	
2-3:30 pm	<input type="checkbox"/> A <input type="checkbox"/> 0	9:45-10:45 am	<input type="checkbox"/> C <input type="checkbox"/> 1
4-5 pm	<input type="checkbox"/> A <input type="checkbox"/> 0	2:15-3:45 pm	<input type="checkbox"/> C <input type="checkbox"/> 1
Thursday, May 7		4-5:30 pm	<input type="checkbox"/> C <input type="checkbox"/> 0
9:45-11:15 am	<input type="checkbox"/> B <input type="checkbox"/> 0	Saturday, May 9	
2-3:30 pm	<input type="checkbox"/> B <input type="checkbox"/> 1	9:30-11 am	<input type="checkbox"/> D <input type="checkbox"/> 2

Photography and video disclosure: Photographs and video may be taken of participants at ASPHO's 2020 Conference. These are for ASPHO use only and may appear on ASPHO's website, in printed brochures, or in other promotional materials. Attendee registration grants ASPHO permission and consent for use of this photography and video.

Cancellation Policy: All cancellations must be made in writing. A \$150 processing fee will be charged for all cancellations postmarked by April 22, 2020. No refunds will be made on cancellations postmarked April 23, 2020, or later. All refunds will be processed after the conference. ASPHO reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If ASPHO must cancel the entire conference, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

Optional Events Registration		E	
Wednesday, May 6			
<input type="checkbox"/> 7:30-11:30 am	Preconference Workshop—Vascular Anomalies: A Primer	\$125	
<input type="checkbox"/> 5:15-6:15 pm	Clinical Conundrums	\$25	
(Limited to the first 30 registrants) Pick one:			
<input type="checkbox"/> Management of Relapsed/Refractory T-cell ALL (CC1)	<input type="checkbox"/> Thrombophilia Testing (CC2)		
<input type="checkbox"/> 6:15-7 pm	New Member and First-Time and International Attendee Reception (SE01)		
<input type="checkbox"/> 7-9 pm	Division Directors' Dinner Meeting (DDM)	\$100	
Thursday, May 7			
<input type="checkbox"/> 6:30-7:30 am	5K Fun Run/Walk (5K)	\$25 (\$35 onsite)	
<input type="checkbox"/> T-Shirt Small	<input type="checkbox"/> T-Shirt Large		Register by March 31, 2020, to be guaranteed a T-shirt.
<input type="checkbox"/> T-Shirt Medium	<input type="checkbox"/> T-Shirt X-Large		
<input type="checkbox"/> 12:30-1:30 pm	Clinical Conundrums	\$25	
(Limited to the first 30 registrants) Pick one:			
<input type="checkbox"/> CAR-T Cell Therapy Versus HSCT for Treatment of R/R ALL (CC3)	<input type="checkbox"/> Neurologic Complications in Sickle Cell Disease: Recognition, Prevention, and Management (CC4)		
<input type="checkbox"/> 12:30-1:45 pm	Early Career Round Table Luncheon*	\$30	
(Limited to the first 140 registrants) *Attendance limited to early-career attendees.			
Please select one topic for your table assignment:			
<input type="checkbox"/> Basic Science/Translational Research (EC1)	<input type="checkbox"/> Pharmaceutical Industry (EC5)		
<input type="checkbox"/> Clinician Educator (EC2)	<input type="checkbox"/> Medical Students and Residents (EC6)		
<input type="checkbox"/> Clinical Research:Hematology (EC3)	<input type="checkbox"/> Cell and Gene Therapies (EC7)		
<input type="checkbox"/> Clinical Research:Oncology (EC4)			
<input type="checkbox"/> 7:30-9 pm	Fellowship Program Directors' Dinner Meeting (PDM)	\$85	
Friday, May 8			
<input type="checkbox"/> 12:30-1:05 pm/1:10-1:45 pm	Speed Mentoring		
Also Available			
<input type="checkbox"/> 2020 Conference Recording (CR)	\$125	<input type="checkbox"/> Online MOC Posttest (MOC)	\$50
		Subtotal E \$ _____	

Pediatric Blood and Marrow Transplant Consortium		F	
Wednesday, May 6			
<input type="checkbox"/> 7:45 am-8 pm	Physicians and Allied Professionals (PBMTTC)	\$140	
<input type="checkbox"/> 7:45 am-8 pm	Trainee (PBMTTC)	\$60	

(A + B + E + F) = \$ _____ **Total** **G**

4 Easy Ways to Register			
Mail	ASPHO Conference Attn: Registration PO Box 3781 Oak Brook, IL 60522	Fax*	847.375.6483
		Online*	aspho.org/2020conf
		Phone*	847.375.4716
<i>*Credit card payment only</i>			

Payment	
All funds must be submitted in U.S. dollars.	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check
If payment does not accompany this form, your registration will not be processed.	
* Make checks payable to ASPHO. Checks not in U.S. funds will be returned.	
* A charge of \$50 will apply to checks returned for insufficient funds.	
* If rebilling of a credit card charge is necessary, a \$75 processing fee will be charged.	
* I authorize ASPHO to charge the below-listed credit card an amount reasonably deemed by ASPHO to be accurate and appropriate.	
Account number	Exp. date
Cardholder's name (print)	Signature