

2022 ASPHO Conference Registration Form

MAY 4-7, 2022 • PITTSBURGH, PA • ON DEMAND THROUGH JUNE 7, 2022

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) _____ Emergency Contact Name _____ Mobile Number _____

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.

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

Meeting Format

In Person
 Virtual

Conference Registration **A**

Member Rates	On or before April 5, 2022	After April 5, 2022
Regular Member	<input type="checkbox"/> \$580	<input type="checkbox"/> \$680
Allied Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
Trainee Member/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 Physicians and PhDs	<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"/> \$395
Regular Member (2-year Membership)	<input type="checkbox"/> \$790
Regular Member (First Year Post Fellowship)	<input type="checkbox"/> \$130
Allied Member	<input type="checkbox"/> \$175
International Member	
Upper-Mid/High Income	<input type="checkbox"/> \$395
Lower-Mid/Low Income	<input type="checkbox"/> \$95

Trainee Member		
First-Year Fellow	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100*
Second-Year Fellow	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100*
Third-Year Fellow	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100*
Fourth-Year Fellow	<input type="checkbox"/> \$130	
Fifth-Year Fellow	<input type="checkbox"/> \$130	

*\$100 package includes access to 100 self-assessment questions.

New member endorsement is required from a current ASPHO member; employment supervisor endorsement is needed for trainee and medical student/resident applicants.

Name and e-mail of new member endorser/employment supervisor

For member type descriptions and benefits information, visit aspho.org/membership.

Subtotal B \$ _____

Special Requests **C**

- I require special assistance. Please contact me. (SA)
 I do not wish to have my name, institution, and city/state included in the attendee list. (DIS)

Conference Policies

COVID-19 Protocol: By registering for the in-person Conference, you agree to abide by all Health and Safety Protocols instituted or modified by ASPHO, the City of Pittsburgh, and the venues during the conference dates of May 4-7, 2022. Individuals not in compliance with all Health and Safety Protocols may be asked to leave the Conference and refunds will not be provided. Learn more at aspho.org/healthandsafety.

Consent to Use Photographic Images: Registration and attendance at the ASPHO Conference constitute an agreement by the registrant to the use of the attendees' image or voice in photographs, video, audio, electronic or other reproduction formats, at such event for distribution on ASPHO's website or in print, digital or other promotional materials, without your express written or verbal permission.

Cancellation Policy: All cancellations must be made in writing. A \$150 processing fee will be charged for all cancellations postmarked by April 20, 2022. No refunds will be made on cancellations postmarked April 21, 2022, 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 event.

Optional Events Registration (In person only, unless otherwise indicated) **D**

Wednesday, May 4		
<input type="checkbox"/> 7:30-11:30 am Preconference Workshop: Clinical Trials in AYA Oncology	\$125	
<input type="checkbox"/> 5:15-6:15 pm New Member, First-Time, and International Attendee Reception (SE01)		
<input type="checkbox"/> 6:30-8 pm Division Directors' Dinner/Meeting (DDM)	\$100	
Thursday, May 5		
<input type="checkbox"/> 7-8 am 5K Fun Run/Walk (5K)	\$25	
<input type="checkbox"/> T-Shirt Small	<input type="checkbox"/> T-Shirt Large	Register by April 5, 2022, to be guaranteed a T-shirt.
<input type="checkbox"/> T-Shirt Medium	<input type="checkbox"/> T-Shirt X-Large	
<input type="checkbox"/> 7:45-8:45 am Clinical Conundrums	\$25	(Limited to the first 30 registrants)
Select one: <input type="checkbox"/> Palliative Care (CC1)	<input type="checkbox"/> Sickle Cell Disease (CC2)	
<input type="checkbox"/> 12:45-2 pm Early Career Round Table	\$30 Member/\$40 non-Member	(Limited to the first 190 registrants) *Attendance limited to early career attendees.
Please select one topic for your table assignment:		
<input type="checkbox"/> Basic Science/Translational Research (BS)	<input type="checkbox"/> Pharmaceutical Industry (PHARMA)	
<input type="checkbox"/> Clinician Educator (CE)	<input type="checkbox"/> Medical Students and Residents (MSR)	
<input type="checkbox"/> Clinical Research:Hematology (CRH)	<input type="checkbox"/> Cell and Gene Therapies (CGT)	
<input type="checkbox"/> Clinical Research:Oncology (CRO)		
<input type="checkbox"/> 7-8:30 pm Fellowship Program Directors' Dinner Meeting (PM)	\$90	
Friday, May 6		
<input type="checkbox"/> 12:45-1:20 pm/1:25-2 pm Speed Mentoring		
Saturday, May 7		
<input type="checkbox"/> 7:30-8:30 am Clinical Conundrums	\$25	(Limited to the first 30 registrants)
Select one: <input type="checkbox"/> Management of Relapsed/Refractory T-cell ALL (CC3)	<input type="checkbox"/> Use of DOACs in Children (CC4)	
Also Available		
<input type="checkbox"/> Online MOC Posttest for in-person and virtual registrants (MOC)	\$50	
Subtotal D \$ _____		

ASPHO/Pediatric Transplantation & Cellular Therapy Consortium (PTCTC) Joint Meeting (In person only) **E**

Select one of the options below to register for the ASPHO/PTCTC Joint Meeting.

Tuesday, May 3	
<input type="checkbox"/> 8 am-6 pm Physicians and Allied Professionals	\$140
<input type="checkbox"/> 8 am-6 pm Trainees, Medical Students, and Lower-Mid/Low Income International	\$65
Subtotal E \$ _____	

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

4 Ways to Register

Mail ASPHO Conference
Attn: Registration
PO Box 3781
Oak Brook, IL 60522

Fax* 847.375.6483
Online* aspho.org/2022conf
Phone* 847.375.4716

*Credit card payment only

Payment

All funds must be submitted in US dollars.

Visa MasterCard Discover American Express Check

If payment does not accompany this form, your registration will not be processed.

- * Make checks payable to ASPHO. Checks not in US 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 _____