

2018 ASPHO Conference Registration Form

May 2–5, 2018 | Pittsburgh | David L. Lawrence Convention Center

FOR OFFICE USE ONLY	
Cust #	Mtg Ord #1-
Date	

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

Complete 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) _____ (FTA) Check here if this will be your first ASPHO Meeting.

*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
Member Rates	On or Before 3/27/2018	After 3/27/2018
Regular Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Allied Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$415
Trainee Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$360
Emeritus Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$360
International Rates		
Lower-Mid/Low Income Economy	<input type="checkbox"/> \$215	<input type="checkbox"/> \$315
Upper-Mid/High Income Economy	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Nonmember Rates		
Nonmember Physician	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
Allied Nonmember	<input type="checkbox"/> \$415	<input type="checkbox"/> \$515
Trainee Nonmember	<input type="checkbox"/> \$335	<input type="checkbox"/> \$435
Medical Student*	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150
To join ASPHO and save on registration, see Box B		
*Only available by phone, fax, or mail. Verification will be made before registration is processed.		
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 <i>(2-year Membership)</i>	<input type="checkbox"/> \$760	
Regular Member <i>(First Year Post Fellowship)</i>	<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 www.aspho.org/benefits .
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 do not wish to have my name and contact information included in the onsite attendee list. (DIS)		

Session Registration		D	
Please note the workshops you plan to attend. See pages 7–13 of the conference brochure for session codes.			
Wednesday, May 2		Friday, May 4	
5–6:30 pm	<input type="checkbox"/> A 0	9:15–10:45 am	<input type="checkbox"/> C 1
Thursday, May 3		11:45 am–1:15 pm	<input type="checkbox"/> C 1
8–9:30 am	<input type="checkbox"/> B 0	2:45–4:15 pm	<input type="checkbox"/> C 2
2–3:30 pm	<input type="checkbox"/> B 1	Saturday, May 5	
5–6:30 pm	<input type="checkbox"/> B 1	8–9:30 am	<input type="checkbox"/> D 2

Photography and video disclosure: Photographs and video may be taken of participants at ASPHO's 2018 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.

Optional Events Registration		E
Wednesday, May 2		
<input type="checkbox"/> 7:30–11:30 am	Essentials of Mentoring Preconference (PRECON)	\$125
<input type="checkbox"/> 6:30–7:15 pm	New Member and First-Time and International Attendee Reception	
<input type="checkbox"/> 7–8:30 pm	Division Directors' Dinner Meeting (DDM)	\$100
Thursday, May 3		
<input type="checkbox"/> 6:30 am	.5K Fun Run/Walk (5K)	\$25
<input type="checkbox"/> T-Shirt Small		<input type="checkbox"/> T-Shirt Large
<input type="checkbox"/> T-Shirt Medium		<input type="checkbox"/> T-Shirt X-Large
<input type="checkbox"/> 12:45–2 pm	Early Career Round Table Luncheon*	\$25
<i>(Limited to the first 170 registrants) *Attendance limited to early-career attendees.</i>		
Please select one topic for your table assignment:		
<input type="checkbox"/> Basic Science/Translational Research (LBT)		<input type="checkbox"/> Foreign Medical Graduates (FMG)
<input type="checkbox"/> Clinical Research: Oncology (LCO)		<input type="checkbox"/> Industry (IND)
<input type="checkbox"/> Clinician Educator (LCE)		<input type="checkbox"/> Medical Students and Residents (MSR)
<input type="checkbox"/> Clinical Research: Hematology (LCH)		
<input type="checkbox"/> 7:30–9 pm	Program Directors' Dinner Meeting (PDD)	\$85
Friday, May 4		
<input type="checkbox"/> 11–11:35 am/1:45–2:20 pm	Speed Mentoring	
Saturday, May 5		
<input type="checkbox"/> 11:30 am–1:30 pm	Maintenance of Certification Session (MOCS)	\$50
Other Opportunities		
<input type="checkbox"/> 2018 Conference Recording (CR)		\$99
<input type="checkbox"/> Online MOC Posttest (MOC)		\$50
Subtotal E \$		_____

Pediatric Blood and Marrow Transplant Consortium		F
Wednesday, May 2		
<input type="checkbox"/> 7:45 am–8 pm	Physicians and Allied Professionals (PBMTTC)	\$135
<input type="checkbox"/> 7:45 am–8 pm	Trainee (PBMTTC)	\$50

(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/2018conf
Phone*	847.375.4716
*Credit card payment only	

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

Cancellation Policy: All cancellations must be made in writing. A \$150 processing fee will be charged for all cancellations postmarked by April 18, 2018. No refunds will be made on cancellations postmarked April 19, 2018, or later. All refunds will be processed after the meeting. 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 meeting, 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 meeting.