

2024 ASPHO Conference Registration Form

April 3–6, 2024 | Seattle, WA | On Demand Through June 5, 2024

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 _____ 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
 On Demand

Conference Registration A

	On or Before 3/13/2024	After 3/13/2024
Member Rates		
Physician, PhD	<input type="checkbox"/> \$610	<input type="checkbox"/> \$710
Allied	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Trainee/Emeritus	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
Medical Student/Resident	<input type="checkbox"/> \$95	<input type="checkbox"/> \$195
International Rates		
Low, Lower-Mid Income Economy	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Upper Mid, High Income Economy	<input type="checkbox"/> \$610	<input type="checkbox"/> \$710
Nonmember Rates		
Physician, PhD	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Allied	<input type="checkbox"/> \$460	<input type="checkbox"/> \$560
Trainee	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
Medical Student/Resident	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225

To join ASPHO and save on registration, see Box B.

Subtotal A \$ _____

Become a Member B

Regular Member <input type="checkbox"/> \$405	Trainee Member
Regular Member <input type="checkbox"/> \$810 <i>(2-year Membership)</i>	First-Year Fellow <input type="checkbox"/> \$50 <input type="checkbox"/> \$100*
Regular Member <input type="checkbox"/> \$135 <i>(First Year Post Fellowship)</i>	Second-Year Fellow <input type="checkbox"/> \$50 <input type="checkbox"/> \$100*
Allied Member <input type="checkbox"/> \$180	Third-Year Fellow <input type="checkbox"/> \$50 <input type="checkbox"/> \$100*
International Member	Fourth-Year Fellow <input type="checkbox"/> \$135
Upper-Mid/High Income <input type="checkbox"/> \$405	Fifth-Year Fellow <input type="checkbox"/> \$135
Lower-Mid/Low Income <input type="checkbox"/> \$95	

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

Resident \$50
Medical Student \$35

Employment supervisor endorsement is needed for trainee and medical student/resident applicants. Please provide:

Name and e-mail of Program Director/Dean

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

Health and Safety Protocols: By registering for the in-person Conference, you agree to abide by all Health and Safety Protocols instituted or modified by ASPHO and the venues during the Conference dates of April 3–6, 2024. 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.

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 March 20, 2024. No refunds will be made on cancellations postmarked March 21, 2024, 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, April 3

- 7:30–11:30 am Preconference Workshop—Vascular Anomalies: A Primer **No Fee**
Supported by Novartis
- 2:15–6:15 pm Division Directors' Academy (DDM) **\$135**
A social hour will follow at 6:15 pm.
- 5:15–6 pm New Member, First-Time, and International Attendee Reception (SE01) **No Fee**

Thursday, April 4

- 7–8 am Clinical Conundrums **\$25**
Limited to the first 30 registrants. Please select one of the following sessions:
 Recurrent Tumors in Cancer Predisposition Syndrome (CC1) Severe Aplastic Anemia (CC2)
- 12:15–1:30 pm Early Career RoundTable **\$35 Member/\$45 Nonmember**
Limited to the first 190 registrants. *Attendance limited to early career attendees.
Please select **one** topic for your table assignment:
 Basic Science/Translational Research (EC1) Pharmaceutical Industry (EC5)
 Clinician Educator (EC2) Medical Students and Residents (EC6)
 Clinical Research:Hematology (EC3) Cell and Gene Therapies (EC7)
 Clinical Research:Oncology (EC4)

- 7–8:30 pm Fellowship Program Directors' Dinner Meeting (PD) **\$90**

Friday, April 5

- 12:15–12:50 pm/12:55–1:30 pm Speed Mentoring **No Fee**

Saturday, April 6

- 7–8 am Clinical Conundrums **\$25**
Limited to the first 30 registrants. Please select one of the following sessions:
 Recurrent AML (CC3) Novel Diagnostics for Immune Deficiencies (CC4)

Also Available

- Online MOC Post-Test for in-person and on-demand 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, April 2

- 6:30 am–6:30 pm Physicians and Allied Professionals **\$160**
 6:30 am–6:30 pm Trainees, Medical Students, and Lower-Mid/Low Income International **\$90**

Subtotal E \$ _____

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

4 Easy Ways to Register

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

Fax* 847.375.6483
Online* aspho.org/conf2024
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 _____