

2025 ASPHO Conference Registration Form

May 7–10, 2025 | Louisville, KY | On Demand Through July 1, 2025

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 4/9/2025	After 4/9/2025
Member Rates		
Physician, PhD	<input type="checkbox"/> \$640	<input type="checkbox"/> \$765
Allied	<input type="checkbox"/> \$375	<input type="checkbox"/> \$500
Trainee	<input type="checkbox"/> \$305	<input type="checkbox"/> \$430
Emeritus	<input type="checkbox"/> \$320	<input type="checkbox"/> \$445
Medical Student/Resident	<input type="checkbox"/> \$100	<input type="checkbox"/> \$225
International Rates		
Low, Lower-Mid Income Economy	<input type="checkbox"/> \$255	<input type="checkbox"/> \$380
Upper Mid, High Income Economy	<input type="checkbox"/> \$640	<input type="checkbox"/> \$765
Nonmember Rates		
Physician, PhD	<input type="checkbox"/> \$890	<input type="checkbox"/> \$1,015
Allied	<input type="checkbox"/> \$490	<input type="checkbox"/> \$615
Trainee	<input type="checkbox"/> \$405	<input type="checkbox"/> \$530
Medical Student/Resident	<input type="checkbox"/> \$100	<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*
1 Year Post Training <input type="checkbox"/> \$135	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	Resident <input type="checkbox"/> \$50
	Medical Student <input type="checkbox"/> \$35

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

Medical 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 May 7–10, 2025. 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 April 23, 2025. No refunds will be made on cancellations postmarked April 24, 2025, 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 7	
<input type="checkbox"/> 7:30–11:30 am	Preconference Workshop \$125
	Practical Aspects of Caring for Patients with a Cancer Predisposition Syndrome
<input type="checkbox"/> 2:15–6:15 pm	Division Directors Academy (DDM) \$150
<input type="checkbox"/> 5:15–6 pm	First-Time Attendee & New Member Reception (SE01) No Fee
<input type="checkbox"/> 5:30–6:30 pm	Clinical Conundrums \$29
	Limited to the first 35 registrants. Please select one of the following sessions:
	<input type="checkbox"/> Modern Therapeutics for Hemophilia (CC1)
	<input type="checkbox"/> Relapsed/Refractory Sarcomas (CC2)
Thursday, May 8	
<input type="checkbox"/> 7–8 am	Clinical Conundrums \$29
	Limited to the first 35 registrants. Please select one of the following sessions:
	<input type="checkbox"/> Curative Therapy for Sickle Cell Disease vs. Medical Management (CC3)
	<input type="checkbox"/> Hemophagocytic Lymphohistiocytosis (HLH) (CC4)
<input type="checkbox"/> 12–1:15 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:
	<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 (PD) \$90
Friday, May 9	
<input type="checkbox"/> 12:45–1:20 pm/1:30–2:05 pm	Speed Mentoring No Fee
Also Available	
<input type="checkbox"/> Online MOC Post-Test for in-person and on-demand registrants (MOC)	\$60

Subtotal D \$ _____

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

Select one of the options below to add the PTCTC Meeting to your 2025 ASPHO Conference registration.

<input type="checkbox"/> 7 am–7 pm	Physicians and Allied Professionals \$180
<input type="checkbox"/> 7 am–7 pm	Trainees, Medical Students, and Lower-Mid/Low Income International \$125

Subtotal E \$ _____

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

4 Easy Ways to Register

Mail	ASPHO Conference Attn: Registration PO Box 88019 Chicago, IL 60680-1019	Fax* 847.375.6483 Online* aspho.org/conf2025 Phone* 847.375.4716
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*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 _____