ASPHO 2015 Annual Meeting Registration Form

May 6–9, 2015 | Phoenix | Phoenix 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 _____

Preferred Address (☐ Home ☐ Office) _____ City/State/ZIP _____

Home Phone _____ Office Phone _____ Fax _____

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 _____ Day Phone _____ Evening Phone _____

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

Conference Registration — A

	On or Before 3/31/15	After 3/31/15
Member Rates		
Active Member	☐ $500	☐ $600
Allied Member	☐ $300	☐ $400
Trainee Member	☐ $250	☐ $350
Emeritus Member	☐ $250	☐ $350
International Member A/B	☐ $210	☐ $310
International Member C	☐ $500	☐ $600
Join & Register Rates (add dues in Box B)		
Active Member	☐ $500	☐ $600
Allied Member	☐ $300	☐ $400
Trainee Member	☐ $250	☐ $350
Joint ASPHO/PBMTC Rates		
Active	☐ $635	☐ $735
Allied	☐ $390	☐ $490
Trainee	☐ $290	☐ $390
Nonmember Rates		
Nonmember	☐ $695	☐ $795
Allied Nonmember	☐ $390	☐ $490
Trainee Nonmember	☐ $300	☐ $400
Additional Rates*		
Medical Student	☐ $50	☐ $150
SIOP Member	☐ $590	☐ $690
Physician from Developing Country	☐ $210	☐ $310

**Only available by phone, fax, or mail. Verification will be made before registration is processed.*

Subtotal A $ _____

Membership Dues — B

Active Member ☐ $365
Active Member ☐ $115
(First Year Post Fellowship)
Allied Member ☐ $150
International Member
High Income (C) ☐ $365
Mid/Low with Journal (A) ☐ $140
Mid/Low without Journal (B) ☐ $80

Trainee Member
First-Year Fellow ☐ no charge
Second-Year Fellow ☐ no charge
Third-Year Fellow ☐ no charge
Fourth-Year Fellow ☐ $115
Fifth-Year Fellow ☐ $115

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

Subtotal B $ _____

Special Requests — C

☐ I require special assistance. Please contact me. (SA)
☐ I will need a vegetarian meal. (SDV)
☐ I do not wish to have my name and contact information included in the onsite attendee list. (DIS)

4 Easy Ways to Register

Mail ASPHO Meeting, PO Box 31756, Chicago, IL 60631
Phone* 847.375.4716
Fax* 866.585.0477
Online* aspho.org/annualmeeting
**Credit card payment only*

Photography and video disclosure: Photographs and video may be taken of participants in ASPHO's 2015 Annual Meeting. 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.

Session Registration — D

Please note the workshops you plan to attend. See page 5 for session codes.

Wednesday, May 6
2:15–3:45 pm ..... A 0
4:15–5:45 pm ..... A 0

Thursday, May 7
8–9:30 am ..... B 0
2:15–3:45 pm ..... B 1

Friday, May 8
9:45–11:15 am ..... C 1
2–3:30 pm ..... C 1
3:45–5:15 pm C

Saturday, May 9
10:15–11:45 am ..... D 2
Noon–1:30 pm ..... D 2

Optional Event Registration — E

Wednesday, May 6
☐ 8:45 am–Noon ..... Training Program Directors' Curriculum Workshop (SEO1)
☐ 11 am–1 pm ..... Vascular Anomalies Special Interest Group (VSIG)
☐ 11 am–1 pm ..... Global Special Interest Group (GSIG)
☐ Noon–1:50 pm ..... Speed Mentoring (SEO2)
☐ 6:30–7:30 pm ..... Early-Career Networking Reception (SEO3)
☐ 7:30–9 pm ..... Division Directors' Dinner Meeting (DDM) **$100**

Thursday, May 7
12:45–2 pm ..... Early-Career Roundtable Lunch (SEO6)* **$25**
(Limited to the first 126 registrants) ***Attendance limited to early-career attendees only.***
Please select one topic for your table assignment:
☐ Basic Science/Translational Research (LBT)
☐ Clinical Research: Hematology (LCH)
☐ Clinical Research: Oncology (LCO)
☐ Foreign Medical Graduates (FMG)
☐ Clinician/Educator (LCE)
☐ Pharma/Consultant (PHARM)
☐ 7:30–9 pm ..... Fellowship Program Directors' Meeting (PDD)** **$85**
****Attendance limited to program directors only.***

Friday, May 8
☐ 7–8:30 am ..... Diversity Special Interest Group (DSIG)
☐ 5:15–6:45 pm ..... Distinguished Career Award Presentation and Award Reception (SE11)

Saturday, May 9
☐ 7–9 am ..... Maintenance of Certification Learning Session (MOCS) **$50**
☐ 7–9 am ..... Palliative Care Special Interest Group (PSIG)
☐ **DVD of conference recording (to be shipped after the meeting) (DVD) $50**
☐ **MOC for annual meeting (MOCAM) $50**

Subtotal E $ _____

(A + B + E) = $ _____ **Total — F**

Payment

All funds must be submitted in U.S. 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 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 $100 processing fee will be charged for all cancellations postmarked more than 14 days before the event. No refunds will be made under any circumstances on cancellations postmarked after April 22, 2015. 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.