2021 ASPHO Conference Registration Form

APRIL 20–23, 2021 • ON DEMAND THROUGH JULY 23, 2021

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) _____

☐ Check here if this will be your first ASPHO Conference. (FTA) ☐ Check here if you would like your name, institution, city, and state included on the attendee list shared on aspho.org.

**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.

Conference Registration A

Member Rates
Regular Member ☐ $465
Allied Member ☐ $260
Trainee Member ☐ $215
Emeritus Member ☐ $215

International Rates
Low/Lower-Mid Income Economy ☐ $180
Upper-Mid/High Income Economy ☐ $465

Nonmember Rates
Nonmember Physician ☐ $625
Allied Nonmember ☐ $340
Trainee Nonmember ☐ $275
Medical Student/Resident ☐ $65

To join ASPHO and save on registration, see Box B

Subtotal A $ _____

Become a Member B

Regular Member ☐ $380

Regular Member ☐ $760
(2-year Membership)

Regular Member ☐ $125
(First Year Post Fellowship)

Allied Member ☐ $165

International Member
Upper-Mid/High Income ☐ $380
Lower-Mid/Low Income ☐ $85

Trainee Member

First-Year Fellow	☐ $50	☐ $100*
Second-Year Fellow	☐ $50	☐ $100*
Third-Year Fellow	☐ $50	☐ $100*
Fourth-Year Fellow	☐ $125	
Fifth-Year Fellow	☐ $125	

**$100 package includes access to the Clinical Video Series.*

New member endorsement is required from a current ASPHO member; employment supervisor endorsement is needed for trainee applicants.

Name and e-mail of new member endorser

_____

_____

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 wish to have my name, institution, and city/state included in the onsite attendee list. (DIS)

Consent to Use Photographic Images: Registration and attendance at the ASPHO Conference constitute an agreement by the registrant to the use and distribution of the registrant or attendees' image or voice in photographs, videotapes, electronic reproductions and audiotapes of such event and on ASPHO's website, in printed brochures, or in other promotional materials, without your express written or verbal permission.

Optional Events Registration D

Tuesday, April 20
☐ 1–5 pm . . . . . Preconference Workshop—Vascular Anomolies: A Primer **$40**
☐ 4–5 pm . . . . . Program Directors' Meeting (PDM)

Wednesday, April 21
☐ 5–6 pm . . . . . Division Directors' Meeting (DDM)

Thursday, April 22
☐ 12:30–1:30 pm. . . . . Early Career Round Table
(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)
☐ Clinician Educator (EC2)
☐ Clinical Research:Hematology (EC3)
☐ Clinical Research:Oncology (EC4)
☐ Pharmaceutical Industry (EC5)
☐ Medical Students and Residents (EC6)
☐ Cell and Gene Therapies (EC7)

Friday, April 23
☐ 11:45 am–12:20 pm/12:25–1 pm. . . . . Speed Mentoring

Also Available
☐ Online MOC Posttest (MOC) **$50**

Subtotal D $ _____

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

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

Tuesday, April 20
☐ 10 am–5 pm . . . . . Physicians (PTCTC) **$45**
☐ 10 am–5 pm . . . . . Trainees and Allied Professionals (PTCTC) **$30**

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/2021conf
Phone* 847.375.4716
**Credit card payment only*

Cancellation Policy: All cancellations must be made in writing. A $150 processing fee will be charged for all cancellations postmarked by April 7, 2021. No refunds will be made on cancellations postmarked April 8, 2021, 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.

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 _____