

2019 ASPHO Conference Registration Form

May 1-4, 2019 | New Orleans | Ernest N. Morial Convention Center

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)

*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

	On or Before 3/26/2019	After 3/26/2019
Member Rates		
Regular Member	<input type="checkbox"/> \$565	<input type="checkbox"/> \$665
Allied Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
Trainee Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$365
Emeritus Member	<input type="checkbox"/> \$265	<input type="checkbox"/> \$365
International Rates		
Low/Lower-Mid Income Economy	<input type="checkbox"/> \$220	<input type="checkbox"/> \$320
Upper-Mid/High Income Economy	<input type="checkbox"/> \$565	<input type="checkbox"/> \$665
Nonmember Rates		
Nonmember Physician	<input type="checkbox"/> \$775	<input type="checkbox"/> \$875
Allied Nonmember	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
Trainee Nonmember	<input type="checkbox"/> \$345	<input type="checkbox"/> \$445
Medical Student/Resident	<input type="checkbox"/> \$75	<input type="checkbox"/> \$175
To join ASPHO and save on registration, see Box B		
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 (2-year Membership)	<input type="checkbox"/> \$760	
Regular Member (First Year Post Fellowship)	<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		<i>For member type descriptions and benefits information, visit aspho.org/membership.</i>
First-Year Fellow	<input type="checkbox"/> no charge	Subtotal B \$ _____
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	

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, institution, and city/state included in the onsite attendee list. (DIS)

Session Registration D

Please note the workshops you plan to attend. See schedule at aspho.org/2019conf for session codes.

Wednesday, May 1	Friday, May 3
2:30-4 pm <input type="checkbox"/> A 0 <input type="checkbox"/>	9:15-10:15 am <input type="checkbox"/> C 1 <input type="checkbox"/>
4:30-6 pm <input type="checkbox"/> A 0 <input type="checkbox"/>	1:30-3 pm <input type="checkbox"/> C 1 <input type="checkbox"/>
Thursday, May 2	4:45-6:15 pm <input type="checkbox"/> C 2 <input type="checkbox"/>
8:15-9:15 am <input type="checkbox"/> B 0 <input type="checkbox"/>	
9:45-11:15 am <input type="checkbox"/> B 1 <input type="checkbox"/>	

Photography and video disclosure: Photographs and video may be taken of participants at ASPHO's 2019 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.

Cancellation Policy: All cancellations must be made in writing. A \$150 processing fee will be charged for all cancellations postmarked by April 16, 2019. No refunds will be made on cancellations postmarked April 17, 2019, 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 conference.

Optional Events Registration E

Wednesday, May 1	
<input type="checkbox"/> 11:30 am-12:30 pm	Clinical Conundrums \$25
(Limited to the first 20 registrants) Pick one:	
<input type="checkbox"/> Refractory Immune Cytopenias (CC1)	<input type="checkbox"/> Relapsed Hodgkin Lymphoma (CC2)
<input type="checkbox"/> 6-6:45 pm	New Member and First-Time and International Attendee Reception (SE01)
<input type="checkbox"/> 7-8:30 pm	Division Directors Dinner Meeting (DDM) \$100
Thursday, May 2	
<input type="checkbox"/> 6:30-7:30 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"/> 12:30-1:45 pm	Early Career Round Table Luncheon* \$30
(Limited to the first 170 registrants) *Attendance limited to early-career attendees.	
Please select one topic for your table assignment:	
<input type="checkbox"/> Basic Science/Translational Research (EC1)	<input type="checkbox"/> Pharma Industry (EC5)
<input type="checkbox"/> Clinician Educator (EC2)	<input type="checkbox"/> Medical Students and Residents (EC6)
<input type="checkbox"/> Clinical Research:Hematology (EC3)	<input type="checkbox"/> Cell and Gene Therapies (EC7)
<input type="checkbox"/> Clinical Research:Oncology (EC4)	
<input type="checkbox"/> 7:15-8:45 pm	Fellowship Program Directors Dinner Meeting (PDM) \$85
Friday, May 3	
<input type="checkbox"/> 10:30-11:05 am/12:30-1:05 pm	Speed Mentoring
Saturday, May 4	
<input type="checkbox"/> 7-8 am	Clinical Conundrums \$25
(Limited to the first 20 registrants) Pick one:	
<input type="checkbox"/> Thrombotic Storm (CC3)	<input type="checkbox"/> Relapsed Sarcomas (CC4)
<input type="checkbox"/> 11:45 am-1:45 pm	Maintenance of Certification Session (MOCs) \$50
Also Available	
<input type="checkbox"/> 2019 Conference Recording (CR) \$99	<input type="checkbox"/> Online MOC Posttest (MOC) \$50
Subtotal E \$ _____	

Pediatric Blood and Marrow Transplant Consortium F

Wednesday, May 1	
<input type="checkbox"/> 7:45 am-8 pm	Physicians and Allied Professionals (PBMTc) \$140
<input type="checkbox"/> 7:45 am-8 pm	Trainee (PBMTc) \$60

(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/2019conf
		Phone*	847.375.4716

*Credit card payment only

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 _____