

ASPHO 2010 Annual Meeting Registration Form

April 7–10, 2010 | Fairmont the Queen Elizabeth Hotel | Montréal, QC, Canada

FOR OFFICE USE ONLY

Cust # _____ Mtg Ord #3- _____

Date _____

Please print. Use a separate form for each registrant. Duplicate as necessary.

Complete Name _____ First Name for Badge _____

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 Conference.

Emergency Contact Name _____ Day Phone _____ Evening Phone _____

*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 amount in box F.

Conference Registration		A
Member Rates	On or before 2/23/10	After 2/23/10
Regular Member (M)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$525
Affiliate Member (MA)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$350
Trainee Member (MT)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
Emeritus Member (ME)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
Join & Register Rates (add dues in box B) <i>You must complete and return the membership application on page 13, including any required endorsements or letters of recommendation with your registration form.</i>		
Active Member (JR)	<input type="checkbox"/> \$450 plus dues	<input type="checkbox"/> \$525 plus dues
Affiliate Member (JRA)	<input type="checkbox"/> \$275 plus dues	<input type="checkbox"/> \$350 plus dues
Trainee Member (JRT)	<input type="checkbox"/> \$150 plus dues	<input type="checkbox"/> \$225 plus dues
Nonmember Rates		
Nonmember (N)	<input type="checkbox"/> \$625	<input type="checkbox"/> \$700
Affiliate Nonmember (NA)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400
Trainee Nonmember (NT)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275
Additional Rates*		
SIOP Member (SM)	<input type="checkbox"/> \$550	
Citizen of Developing Nation (CD)	<input type="checkbox"/> \$200	
<i>(As defined by the Organization for Economic Cooperation & Development)</i>		
*Only available by phone, fax, or mail. Verification will be made before registration is processed.		
Subtotal A \$		_____

Session Registration		D
<i>Please note the following workshops you plan to attend. See page 3 for session codes.</i>		
Wednesday, April 7		Friday, April 9
2–5:30 pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		8:45–10:45 am <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5:45–7:15 pm <input type="checkbox"/> <input type="checkbox"/>		1:45–3:45 pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thursday, April 8		4:15–5:45 pm <input type="checkbox"/> <input type="checkbox"/>
7–8:30 am <input type="checkbox"/> <input type="checkbox"/>		Saturday, April 10
2:15–4:15 pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		7–8:30 am <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		8:45–10:45 am <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		11:15 am–1:15 pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Optional Event Registration		E
Thursday, April 8		
12:30–2 pm One-on-One Young Investigator Career Lunch Workshop* \$15 <i>(Limited to the first 80 registrants)</i>		
Please select one topic for your table assignment:		
<input type="checkbox"/> Basic Science/Translational Research (LBT)		<input type="checkbox"/> Clinical Research-Hematology (LCH)
<input type="checkbox"/> Clinical Research-Oncology (LCO)		<input type="checkbox"/> Health Services Late Effects (LCS)
<input type="checkbox"/> Clinician/Educator (LCE)		
<input type="checkbox"/> Foreign Medical Graduates (FMG)		
*Attendance limited to Young Investigators only.		
Subtotal E \$		_____

Membership Dues		B
Active Member	<input type="checkbox"/> \$335	Trainee Member
Affiliate Member		First-year fellow <input type="checkbox"/> no charge
Without optional journal <input type="checkbox"/> \$50		Second-year fellow <input type="checkbox"/> no charge
With optional journal <input type="checkbox"/> \$75		Third-year fellow <input type="checkbox"/> no charge
<i>You must complete and return the membership application on page 13, including any required endorsements or letters of recommendation with your registration form.</i>		
		Fourth-year fellow <input type="checkbox"/> \$115
		Fifth-year fellow <input type="checkbox"/> \$115
Subtotal B \$		_____

4 easy ways to register	
Mail	ASPHO Meeting • PO Box 839 • Glenview, IL 60025-0839
Phone*	847/375-4716
Fax*	866/585-0477 • Outside U.S. 732/460-7323
Online*	www.aspho.org
*credit card payment only	

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

Special Requests		C
<input type="checkbox"/> I will require special assistance. (SA)		
<input type="checkbox"/> I will need a vegetarian meal. (SDV)		
<input type="checkbox"/> I do not wish to have my name and contact information included in the on-site attendee list. (DIS)		

Payment	
All funds must be submitted in U.S. dollars.	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<input type="checkbox"/> 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 above-listed credit card amounts 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 March 24, 2010. ASPHO reserves the right to substitute faculty or to cancel or reschedule sessions due to 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.