### 4 Ways to Register

#### Full Conference Registration

**Registration Rates**

<table>
<thead>
<tr>
<th>Plan Ahead</th>
<th>Early Bird</th>
<th>Regular</th>
<th>Feb-Mar 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-1 Dec 31</td>
<td>Jan-1 Feb 7</td>
<td>Feb-Mar 4</td>
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<tr>
<td>$530</td>
<td>$580</td>
<td>$830</td>
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<tr>
<td>$325</td>
<td>$375</td>
<td>$425</td>
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<tr>
<td>$165</td>
<td>$175</td>
<td>$185</td>
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**Join & Register Rates** *(Rates include 1 year of membership and conference registration. Visit hoparx.org for membership descriptions and 2-year rates.)*

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- Guest Registration
  - Guests are welcome at meal and social functions only. Continuing education credit is not available to guests.
  - [GST](#) $300
  - Guest Name: ___________________________ ________________
  - Subtotal D $___________

- Optional Preconference Session
  - [ ] Wednesday, March 11, 7–11 am. Select one.
  - A ReMedy Toolbox: Providing Care for Older Adults with Cancer (001) $125
  - How to Become the Oncology Leader You Have Always Admired (002) $125
  - Subtotal E $___________

- Donation
  - Donations will be directed to the HOPA Research Fund to support both scholastic and research activities of HOPA.
  - [ ] $25
  - [ ] $50
  - [ ] $75
  - [ ] $100
  - [ ] $150
  - [ ] $200
  - [ ] $250
  - Subtotal F $___________

- Oncology Interest Group Meetings
  - Please indicate which session you plan to attend. Select up to two.
  - [ ] Administrative (1)
  - [ ] Ambulatory (2)
  - [ ] Bone Marrow Transplant (3)
  - [ ] Geriatric (4)
  - [ ] Investigational Drug Services (5)
  - [ ] Industry Professional (6)
  - [ ] New Practitioner (7)
  - [ ] Pediatrics (8)
  - [ ] Residency Program Director (9)

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**Notes and Special Requests**

- [ ] I am a student.
- [ ] I am a new practitioner.
- [ ] I would like to help a new attendee by being a conference buddy.
- [ ] I will require vegetarian meals. (SDV)
- [ ] I do not wish to have my name and contact information printed in the on-site attendee list. (DIS)
- [ ] I have other needs. Please contact me. (OTH)

### 1-Day Meeting Registration

For those attending 1 day of the meeting only.

#### Check the day that you will attend.

- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday

- [ ] Member $320
- [ ] Nonmember $420

**Subtotal B $___________**

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### 847.375.6407

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**FOR DATA USE ONLY**

Cust# ___________ Mtg Ord # 1- ___________ Date ___________ | ___________

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**continued on next page**
Payment

- Make check payable to HOPA.
- Checks not in U.S. funds will be returned.
- A charge of $25 will apply to checks returned for insufficient funds.

- MasterCard
- Visa
- Discover
- American Express

- I authorize HOPA to charge the below-listed credit card amounts deemed by HOPA to be accurate and appropriate.

Account number: ___________________________________________ Exp. date: __________

Signature ________________________________________________________________________________________________________

Cardholder’s name (please print) ____________________________________________________________________________________

- If rebilling of a credit card charge is necessary, a $25 processing fee will be charged.

If payment does not accompany this form, your registration will not be processed.

Total Amount Due

(A or B) + D + E + F $_________________

Cancellation Policy: All cancellations must be received in writing. A $100 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after March 4, 2020. All refunds will be processed after the conference.

Photography Disclosure: As in past conferences, a professional photographer may take photos of participants at HOPA’s 2020 programs and events. These photos are for HOPA’s use only and may appear on HOPA’s website, in printed brochures, or in other promotional materials. Attendee registration grants HOPA permission and consent for use of this photography.

Group Registration: If your group has at least 5 attendees from the same institution, call HOPA at 877.467.2791 to ask about group registration rates.

Complete name: ___________________________ Phone: ___________________________