



For office use only	
Cust # _____	Mtg Ord # 1- _____
Date _____	

**2017 BCOP Conference Programming Specialty Sessions Repeat
Registration Form**
September 14, 2017 Marriot Chicago O'Hare | Chicago, IL

Please print or type clearly. Use one form for each site or individual; duplicate as necessary. There is no limit on the number of attendees at each site who will all be eligible for CPE credit without additional fee.

Name of Registrant _____ HOPA Member ID# _____

Facility _____

Mailing Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Email _____ ePID: _____ Birth month/year *: _____ / _____

***Confirmation of your registration will be sent via email to the address provided. *Required for CPE reporting. If you do not require CE enter "000000"**

Course Information

Description: We are pleased to offer all advanced practitioners another opportunity to attend the BCOP Specialty Sessions held at the HOPA Annual Conference. This program is a repeat of the highly rated live and interactive format presented at conference.

Confirmation: Confirmation of registration, course materials, conference ID, dial in instructions and conference URL will be e-mailed approximately two days prior to the course. **If you do not receive this e-mail it is your responsibility to call HOPA at 877/467-2791 at least two business days prior to the course.**

Cancellation Policy: ALL CANCELLATION REQUESTS MUST BE MADE IN WRITING. A \$25 processing fee will be charged for all cancellations. No refunds will be made on cancellations once course materials have been sent.

<p style="text-align: center;">Registration Fees</p> <p>Register on or before 8/15/17 to receive Early Bird rate.</p> <table> <tr> <td>HOPA Member Early Bird</td> <td style="text-align: right;">\$250</td> </tr> <tr> <td>HOPA Member Regular Rate</td> <td style="text-align: right;">\$300</td> </tr> <tr> <td>Nonmember Early Bird</td> <td style="text-align: right;">\$450</td> </tr> <tr> <td>Nonmember Regular Rate</td> <td style="text-align: right;">\$500</td> </tr> </table>	HOPA Member Early Bird	\$250	HOPA Member Regular Rate	\$300	Nonmember Early Bird	\$450	Nonmember Regular Rate	\$500	<p style="text-align: center;">Special Needs</p> <p><input type="checkbox"/> I have other needs. Please contact me. (OTH)</p> <p><input type="checkbox"/> I do not wish to have my name and contact information</p> <p><input type="checkbox"/> Vegetarian Meal Request (SDV)</p>
HOPA Member Early Bird	\$250								
HOPA Member Regular Rate	\$300								
Nonmember Early Bird	\$450								
Nonmember Regular Rate	\$500								

Payment Information



MasterCard



VISA



American Express



Discover

Check # _____

- Make check payable to HOPA in US funds.
- Checks not in US funds will be returned.
- A charge of \$25 will apply to checks returned for insufficient funds.
- If rebilling of a credit card is necessary, a \$25 processing fee will be charged.
- I authorize HOPA to charge the credit card amounts reasonably deemed by HOPA to be accurate and appropriate.

Account number _____

Expiration Date _____

Signature _____

3 Easy Ways to Register

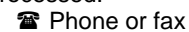
Full payment must accompany this form in order for your registration to be processed.



Register online at www.hoparx.org
(Credit card payment only)



Send this registration form with payment to:
HOPA
PO Box 3781
Oak Brook, IL 60522



Call HOPA at 877/467-2791

Or Fax 847/375-6497

(Credit card payment only)

HOPA reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If HOPA must cancel, registrants will receive full credits or refunds of the paid registration fees.