

Please print clearly. Use a separate form for each registrant and duplicate as necessary.

Complete name: _____ First name for badge: _____

Title: _____ Credentials: _____

Company: _____ Company city/state: _____

Mailing address (home work): _____

City: _____ State: _____ Zip code: _____

Home phone: (____) _____ Work phone: (____) _____

E-mail address (required*): _____ ePID: _____ Birthdate (month/year): ____ / ____ / ____

*Confirmation of your registration will be sent via e-mail only to the e-mail address you provide here.

Emergency contact: _____ Daytime phone: (____) _____ Evening phone: (____) _____

4 Ways to Register Online*: www.hoparx.org Fax*: 847.375.6497 Phone*: 877.467.2791 *Credit card payment only.
Mail: HOPA Conference, PO Box 3781, Oak Brook, IL 60522

Full Conference Registration **A**

Registration Rates

	On or Before 2/14/18	2/15/18–3/19/18	Onsite Opens 3/20/18
Full Member	<input type="checkbox"/> \$510	<input type="checkbox"/> \$560	<input type="checkbox"/> \$650
Associate Member	<input type="checkbox"/> \$510	<input type="checkbox"/> \$560	<input type="checkbox"/> \$650
Trainee Member (Resident/Fellow)	<input type="checkbox"/> \$245	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Student Member* (Full-time)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105
Technician Member	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105
Nonmember	<input type="checkbox"/> \$685	<input type="checkbox"/> \$735	<input type="checkbox"/> \$825
Nonmember Trainee	<input type="checkbox"/> \$320	<input type="checkbox"/> \$320	<input type="checkbox"/> \$375
Nonmember Student*	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105

Join & Register Rates Include 1 year of membership and conference registration. Visit www.hoparx.org for membership descriptions and for 2-year rates.

	On or Before 2/14/18	2/15/18–3/19/18	Onsite Opens 3/20/18
Join & Register Full Member	<input type="checkbox"/> \$660	<input type="checkbox"/> \$710	<input type="checkbox"/> \$800
Join & Register Associate Member	<input type="checkbox"/> \$660	<input type="checkbox"/> \$710	<input type="checkbox"/> \$800
Join & Register Trainee Member	<input type="checkbox"/> \$305	<input type="checkbox"/> \$355	<input type="checkbox"/> \$355
Join & Register Student Member*	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145
Join & Register Technician Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$165	<input type="checkbox"/> \$165

*Attendee must fax or e-mail a copy of valid student ID to HOPA Member Services within 2 days of submitting registration.

Subtotal A \$ _____

Special Requests **C**

I would like to **have** a conference buddy.

I would like to **be** 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)

Guest Registration **D**

Guests are welcome at meal and social functions only. CE credit is not available to guests.

(GST) \$300

Name _____ **Subtotal D \$** _____

Optional Preconference Session **E**

Wednesday, March 21, 7–11 am

Practice Management Boot Camp (001) \$125

Subtotal E \$ _____

Donation **F**

Donations will be directed toward the HOPA Research Fund to support both scholastic and research activities of HOPA.

\$25 \$50 \$75 \$100 \$150 \$200 \$250

Subtotal F \$ _____

1-Day Meeting Registration **B**

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 \$ _____

Oncology Interest Group Meetings **G**

Please indicate which session you plan to attend. Select one.

Wednesday, March 21, 5:15–6:15 pm

Administrative (1) Bone Marrow Transplant (3) New Practitioner (5)

Ambulatory (2) IDS (4) Pediatrics (6)

Complete name: _____ Phone: _____

Total Amount Due H

(A or B) + D + E + F \$ _____

Photography Disclosure: As in past conferences, a professional photographer may take photos of participants at HOPA's 2018 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.

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 13, 2018. All refunds will be processed after the conference.

Payment

Check (enclosed)
• 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.