

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  office) \_\_\_\_\_

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, 8735 W Higgins Rd, Suite 300, Chicago, IL 60631

**Full Conference Registration** **A**

**Registration Rates**

	On or Before 3/1/19	3/2/19–3/26/19	Onsite Opens 4/2/19
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"/> \$370	<input type="checkbox"/> \$370
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 3/1/19	3/2/19–3/26/19	Onsite Opens 4/2/19
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 \$** \_\_\_\_\_

**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 \$** \_\_\_\_\_

**Special Requests** **C**

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)

**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, April 3, 7–11 am. Select one.

Residency Program Director and Preceptor Development (001)  \$125  
Palliative Care Toolbox for Oncology Pharmacists (002)  \$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 \$** \_\_\_\_\_

**Oncology Interest Group Meetings** **G**

Please indicate which session you plan to attend. Select up to two.

Administrative (1)  Investigational Drug Services (5)  
 Ambulatory (2)  Industry Professional (6)  
 Bone Marrow Transplant (3)  New Practitioner (7)  
 Geriatric (4)  Pediatrics (8)

Complete name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Total Amount Due</b> <span style="float: right; border: 1px solid white; border-radius: 50%; padding: 2px;">H</span>	<b>Photography Disclosure:</b> As in past conferences, a professional photographer may take photos of participants at HOPA's 2019 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.
<b>(A or B) + D + E + F \$</b> _____	

**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 26, 2019. All refunds will be processed after the conference.

**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.

<b>Payment</b>
<input type="checkbox"/> <b>Check</b> (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.
<input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/> <b>American Express</b>
• 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.
<b>If payment does not accompany this form, your registration will not be processed.</b>