



Registration Form
2009 Oncology Pharmacy Preparatory
Review Course
May 14–16, 2009
Baltimore, Maryland



Name _____
 (please print first, middle initial, last)

Name Tag _____
 (please print as you wish your nametag to read)

Institution _____

Mailing Address _____

Institution

Street

City

State

ZIP

Work Telephone (____) _____ Fax (____) _____ E-mail _____
 (required)

EARLY registration deadline is April 15, 2009. LATE registration deadline is April 29, 2009. ON-SITE registration fees apply if registration is received after April 29, 2009. Registration fees *cannot* be refunded for cancellations received on or after April 21, 2009.

Registration Fees	Early	Late	On-site	Total
ACCP, ASHP, or HOPA member	\$405	\$455	\$510	\$
Nonmember	\$595	\$680	\$760	\$
ACCP, ASHP, or HOPA member student, resident, fellow	\$215	\$270	\$350	\$
Nonmember student, resident, fellow	\$330	\$400	\$475	\$
Oncology Course Online—Course attendees only		\$130		\$
Oncology Course CD-ROM		\$130		\$
Oncology Review Course Online for Recertification Credit—Course attendees only**		\$145		\$
Oncology Review Course for Recertification Credit* (Online Recertification Test Only)		\$50		\$
Total				\$

*Provides access to Web-based post-test for recertification as a Board Certified Oncology Pharmacist

**Provides access to Web-based post-test, handouts, and slide presentations for recertification as a Board Certified Oncology Pharmacist

ø I will be taking this course for BCOP Recertification credit. BPS # _____

PAYMENT METHOD

Please enclose a check or money order payable in U.S. funds to the **American College of Clinical Pharmacy**, or

Charge to: Visa MasterCard Discover American Express

Account Number: _____ Expiration Date: _____

Security Code (3- or 4-digit code on front or back of credit card): _____

Cardholder Name (print): _____ Authorized Signature: _____

Billing Zip Code: _____

SEND TO: American College of Clinical Pharmacy
 13000 W. 87th St. Parkway, Suite 100; Lenexa, KS 66215
 Telephone: (913) 492-3311
 Fax: (913) 492-0088 (If you fax your registration, please do not mail it.)

You should receive a confirmation letter by mail within 2 weeks of registration. If you do not receive a letter, call ACCP at (913) 492-3311.