Registration Form
2010 Oncology Pharmacy Preparatory Review Course
May 20–22, 2010
San Diego, California

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

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

Institution _____

Mailing Address _____
Street

_____
City State ZIP

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

EARLY registration deadline is April 20, 2010. LATE registration deadline is May 3, 2010. ON-SITE registration fees apply if registration is received after May 3, 2010. Cancellations received before April 27, 2010 will be charged a $50 administrative fee. Registration fees *cannot* be refunded for cancellations received on or after April 27, 2010.

Registration Fees	Early	Late	On-site	Total
ACCP, ASHP, or HOPA member	$425	$475	$535	$
Nonmember	$625	$695	$795	$
ACCP, ASHP, or HOPA member student, resident, fellow	$225	$285	$365	$
Nonmember student, resident, fellow	$345	$420	$495	$
Oncology Course Online—Course attendees only	$135			$
Oncology Course CD-ROM	$135			$
Oncology Review Course Online for Recertification Credit—Course attendees only**	$150			$
Oncology Review Course for Recertification Credit* (Online Recertification Test Only)	$50			$
Oncology Print Workbook	$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*

θ 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.