Registration Form
2011 Oncology Pharmacy Preparatory Review Course
April 28–30, 2011
San Antonio, Texas

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 March 25, 2011. LATE registration deadline is April 15, 2011. ON-SITE registration fees apply if registration is received after April 15, 2011. Cancellations received before March 25, 2011 will be charged a $50 administrative fee. Registration fees *cannot* be refunded for cancellations received on or after March 25, 2011.

Registration Fees	Early	Late	On-site	Total
ACCP, ASHP, or HOPA member	$435	$485	$550	$
Nonmember	$645	$705	$815	$
ACCP, ASHP, or HOPA member student, resident, fellow	$230	$290	$375	$
Nonmember student, resident, fellow	$350	$430	$505	$
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 email within 2 weeks of registration. If you do not receive an email, call ACCP at (913) 492-3311.