



**Registration Form**  
**2012 Oncology Pharmacy Preparatory**  
**Review Course**  
**May 17-19, 2012**  
**Denver, Colorado**



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 13, 2012. LATE registration deadline is April 27, 2012. ON-SITE registration fees apply if registration is received after April 27, 2012. Cancellations received before April 13, 2012 will be charged a \$50 administrative fee. Registration fees *cannot* be refunded for cancellations received on or after April 27, 2012.

Registration Fees	Early	Late	On-site	Total
ACCP, ASHP, or HOPA member	\$440	\$490	\$560	\$
Nonmember	\$670	\$735	\$845	\$
ACCP, ASHP, or HOPA member student, resident, fellow	\$235	\$295	\$385	\$
Nonmember student, resident, fellow	\$365	\$445	\$525	\$
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		\$65		\$
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

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. 87<sup>th</sup> 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.**