



Registration Form
2015 Oncology Pharmacy Preparatory
Review and Recertification Course
April 30 – May 2, 2015
Dallas, 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 20, 2015. LATE registration deadline is April 17, 2015. ON-SITE registration fees apply if registration is received after April 17, 2015. Cancellations received before April 17, 2015 will be charged a \$85 administrative fee. Registration fees *cannot* be refunded for cancellations received on or after April 17, 2015.

Registration Fees	Early	Late	On-site	Total
ACCP, ASHP, or HOPA member	\$490	\$545	\$620	\$
Nonmember	\$750	\$820	\$940	\$
ACCP, ASHP, or HOPA member student, resident, fellow	\$260	\$330	\$440	\$
Nonmember student, resident, fellow	\$410	\$500	\$595	\$
ACCP, ASHP, or HOPA member – BCOP Recertification version of the course (posttest included)*	\$540	\$600	\$670	\$
Nonmember – BCOP Recertification version of the course (posttest included)*	\$800	\$870	\$995	\$
Oncology Course Online (audio recordings of lectures)	\$155			\$
Oncology Course DVD-ROM (audio recordings of lectures)	\$155			\$
Oncology Print Workbook	\$75			\$
Total				\$

*Provides access to Web-based post-test 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. 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 1 week of registration. If you do not receive an email, call ACCP at (913) 492-3311.