Association of Physician Assistants in Oncology

2017 Annual Conference Registration Form

August 24-27, 2017 • The Westin San Diego Gaslamp Quarter • San Diego, CA

1 REGISTRANT INFORMATION

PRINT YOUR NAME AND DESIGNATION AS YOU WANT IT TO APPEAR ON YOUR NAME BADGE

Name (please print or type) _____ Nickname _____

Designation (e.g., PA-C, MD) _____ PA License # _____

Address _____ NCCPA # _____

City/State/Zip _____ Specialty _____

Phone _____ NPI # _____

Email _____ Affiliation/Employer _____

Emergency Contact _____ Phone _____

❒ I would be interested in mentoring a PA in oncology.

For networking purposes, would you like your contact information to appear on the meeting's registration list seen by fellow attendees and exhibitors?

❒ Yes, I'd like to network. ❒ No, please keep my information private.

❒ This is my first APAO conference.

❒ Special Needs: If you are disabled or have special needs for access, please attach a written request.

❒ Dietary Restrictions (please indicate): _____

By registering for the APAO Annual Conference, I hereby grant permission to use any and all photographic imagery and video, and allow the association to provide my name to hotel for rooms audit.

2 REGISTRATION FEES

	On or Before 7/21/17	*After 7/21/17 & On-Site*
❒ APAO/ONS Member Conference Registration (Includes Best of ASCO & Friday Night Event)	$329	$379
❒ APAO/ONS Member Daily Rate		
❒ Thurs., Aug. 24	$109	$129
❒ Fri., Aug. 25	$109	$129
❒ Sat., Aug. 26	$69	$89
❒ Sun., Aug. 27	$69	$89
❒ Student Daily Rate		
❒ Thurs., Aug. 24	$25	$25
❒ Fri., Aug. 25 (Reception Ticket Not Included)	$25	$25
❒ Sat., Aug. 26 (Student Day)	FREE	FREE
❒ Sun., Aug. 27	$25	$25
❒ APAO Become-a-Member Conference Registration (Includes Best of ASCO & Friday Night Event)	$369	$419
❒ APAO Become-a-Member Daily Rate		
❒ Thurs., Aug. 24	$149	$169
❒ Fri., Aug. 25	$149	$169
❒ Sat., Aug. 26	$109	$129
❒ Sun., Aug. 27	$109	$129

3 WORKSHOP/TICKETS:

❒ Friday Night Event Guest Ticket $50 x _____

❒ Saturday Palliative Workshop $50 x _____

❒ Saturday Bone Marrow Workshop $50 x _____

❒ Saturday Lumbar Puncture Workshop $50 x _____

4 PAYMENT METHOD:

❒ Check (Please make check payable to APAO)

❒ Credit Card: ❒ MasterCard ❒ Visa ❒ American Express

Account # _____ Exp. Date _____

Card Holder's Name _____ CVV Code: _____

Signature _____

Credit Card Billing Address ❒ Same as above

Address _____

City/St/Zip _____

TOTAL FEES: $_____

Mail check and registration form to APAO Headquarters, 222 S. Westmonte Dr, #101, Altamonte Springs, FL 32714. **(Facsimile registrations accepted ONLY for credit card payment. Fax: 407-774-6440). No registration accepted by phone. A $50.00 administrative fee will be deducted from all refunds made for cancellations received in writing by July 28, 2017. No refunds for cancellations received after this date. All refunds will be processed after the conference. NOTE: If you are NOT a member and register at the member rate, by signing this form you are giving APAO permission to charge the non-member rate to your credit card. All registration deadlines are strictly adhered to and registrations received after the published deadlines will be charged the appropriate rate according to date postmarked or fax dated.**

TO AVOID DUPLICATE CHARGES, DO NOT MAIL THE ORIGINAL REGISTRATION FORM IF YOU HAVE FAXED IT TO APAO HEADQUARTERS!