



Registration Form
2018 Oncology Pharmacy Preparatory Review
and Recertification Course
May 3–5, 2018
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 13, 2018. LATE registration deadline is April 20, 2018. ON-SITE registration fees apply if registration is received after April 20, 2018. Cancellations received before April 20, 2018 will be charged an \$85 administrative fee. Registration fees *cannot* be refunded for cancellations received on or after April 20, 2018.

Registration Fees	Early	Regular	On-site	Total
ACCP or ASHP member	\$530	\$585	\$670	\$
Nonmember	\$815	\$885	\$1015	\$
ACCP or ASHP member student, resident, fellow**	\$285	\$355	\$475	\$
Nonmember student, resident, fellow**	\$445	\$540	\$645	\$
ACCP or ASHP member – BCOP Recertification version of the course (posttest included)*	\$580	\$645	\$725	\$
Nonmember – BCOP Recertification version of the course (posttest included)*	\$865	\$940	\$1075	\$
Oncology Course Online (audio recordings of lectures)	\$170			\$
Oncology Print Workbook	\$85			\$
Total				\$

*Provides access to Web-based post-test for recertification as a Board Certified Oncology Pharmacist

**Must be completing first professional degree, in a ASHP accredited residency, or fellowship

☐ 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.