

Attendee Advance Registration Form

American Society of Hematology • 52nd ASH® Annual Meeting and Exposition
December 4-7, 2010 • Orange County Convention Center • Orlando, FL

**Advance Registration/
Housing**
August 3 – November 4
• Open to Members and
Non-Members

THREE WAYS TO REGISTER

Online:
www.hematology.org

Fax this form to:
888-273-5706
U.S. and Canada (toll free)
703-631-6288
International

Mail form with payment to:
ASH Registration Center
c/o J. Spargo and Associates
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030

QUESTIONS?

Please contact the
ASH Registration Center
at 888-273-5704 or
703-449-6418.

Please **PRINT/TYPE** your name and degree(s) as they should appear on your name badge. Your badge will contain only your name, professional degree(s), city, state, and country. All meeting materials will be mailed to the address you provide below. To avoid misdirection of your mail, do not include the name of your institution/company if you list your home address.

Registrant (please print or type) **Non-Member** **ASH Member** **Member ID Number:** _____

Are you a physician? Yes No **Degree:** _____

Last Name: _____ **First Name:** _____ **M.I.:** _____

Institution/Company: _____

Street Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

International numbers must include country and city codes.

Confirmation will be sent via e-mail if address is provided.

Spouse/Guest (if attending) Last Name: _____ **First Name:** _____

In the event of an emergency during the meeting, whom may ASH contact?

Name: _____ **Relationship:** _____ **Phone:** _____

ADVANCE REGISTRATION FEES

Registration fees include a copy of the Abstract Book, Education Program Book, and other meeting materials.

Registration Fees	On or Before November 4	After November 4
<input type="radio"/> ASH Member - Active and International	\$395	\$450
<input type="radio"/> Non-Member	\$775	\$850
<input type="radio"/> ASH Associate Member	\$95	\$95
<input type="radio"/> Non-Member in Training*	\$195	N/A
<input type="radio"/> Allied Health Professional*	\$395	\$450
<input type="radio"/> Spouse/Guest	\$90	\$90
<input type="radio"/> Honorary/Emeritus Member	No Charge	No Charge

Options

CME certificate processing fee (No charge for certificate of attendance) \$25

Extra Copies of Materials (For purchasing extra copies only – Prepayment is required.)

Abstract Book
Member: _____ @ \$65 • Non-Member: _____ @ \$95 = \$ _____

Education Program Book
Member: _____ @ \$75 • Non-Member: _____ @ \$125 = \$ _____

Total Amount Due \$ _____

* See the special instructions on the back of this form.

Payment

CHECK (must be made payable to ASH Registration in U.S. funds and drawn on a U.S. bank)

CREDIT CARD: Visa MasterCard American Express

Card Number: _____ **Exp. Date:** _____

Card Holder's Name: _____

Card Holder's Signature: _____

Your signature authorizes your credit card to be charged for the total payment due. ASH reserves the right to charge the correct amount if different from the total listed.

STATISTICAL PROFILE

Please help ASH serve you better by providing the following information.

Primary Institutional Affiliation (Check only one.)

- Medical School Corporate (Biotech or Pharmaceutical)
 Free-Standing Health-Care Facility Private Practice
 Hospital or Clinical Facility Other, please specify: _____
 Nonprofit Research Institute _____

Job Responsibilities (Indicate percentage.)

_____% Direct or Lab-Based Patient Care _____% Administration
 _____% Teaching _____% Other: _____
 _____% Research **100 % Total**

Primary Subspecialty Area (Check only one.)

Internal Medicine

- Hematology Transfusion Medicine
 Hematology-Oncology Other, please specify: _____
 Oncology _____

Pediatrics

- Hematology Oncology
 Hematology-Oncology Other, please specify: _____

Pathology

- Laboratory Medicine Transfusion Medicine
 Hematopathology Other, please specify: _____

Research Scientist

- Biochemistry/Molecular Biology Immunology/Microbiology
 Cell Biology Hematology
 Oncology Pharmacology
 Biophysics/Physiology Other, please specify: _____

Please make a copy of your completed form and instructions before mailing your Advance Registration Form.

Advance Registration Rules and Regulations

Advance Registration Deadline: November 4, 2010

You must register for the meeting before your hotel reservation can be made.

ADVANCE REGISTRATION

Members and Non-Members (August 3 – November 4)

- Beginning Tuesday, August 3, members and non-members can register for the annual meeting and make hotel reservations.
- ASH encourages meeting attendees to register for the annual meeting and make hotel reservations online at www.hematology.org. Forms can also be mailed or faxed to the ASH Registration Center.

Please note that wire transfers will not be accepted.

If you fax this registration form or register online, PLEASE DO NOT mail the original to the ASH Registration Center.

Registration forms received after November 4 will be processed as on-site registrations, and the on-site registration rate will apply. (See the Preliminary Program for details.)

Registration forms received without payment will not be processed. If you are sending a check, you must attach it to the Advance Registration Form. Otherwise, your payment may not be applied to the correct registration record.

PAYMENT

Payment in the form of credit card or check must accompany this form.

Cancellation Policy

Registration cancellations must be submitted to the ASH Registration Center in writing by November 24 to receive a refund, less a \$50 processing fee.

Refunds will not be granted after November 24.

CONFIRMATION

A confirmation of your registration will be mailed, faxed, or e-mailed within 72 hours of receipt.

DISCLAIMER

By completing this registration form, you agree to abide by the rules and regulations set forth for the ASH annual meeting (see the Preliminary Program for details).

GROUP REGISTRATION

If planning to register a group of 12 or more attendees, please contact J. Spargo and Associates at 703-449-6418 or ashregistration@jspargo.com for a Group Registration Form before November 4, 2010.

INTERNATIONAL REGISTRANTS

Payment must be made in U.S. dollars ONLY. Payment may be made by check drawn on a U.S. bank, or by providing your credit card information. Wire transfers will not be accepted.

REGISTRATION GUIDELINES

For Allied Health Professionals

Individuals qualified for this category include registered nurses, pharmacists, physician assistants, health-care technicians, and other health-care professionals. Individuals with an MD or PhD degree generally will not qualify. To register for this category, an individual will need to provide evidence of status as an allied health professional.

Verification of one's status as an allied health professional must be submitted prior to the meeting to receive meeting materials in advance. ASH strongly encourages registrants to send their verification by e-mail in PDF format to alliedhealth@hematology.org. Verification may also be sent by mail to the address below. **Fax copies will not be accepted.**

American Society of Hematology
Attn: Meetings Department/Allied Health Professional
2021 L Street, NW, Suite 900
Washington, DC 20036

Verification entails providing a letter from the registrant's immediate supervisor on institutional letterhead confirming the name of the organization and the registrant's position there, a copy of a state license, proof of membership in another affiliated association, or a copy of an institutional identification card. **Registrants who do not provide verification will be charged the ASH non-member registration rate.**

For Non-Members in Training – Advance Registration Only!

The non-member-in-training advance registration rate is \$195. Any resident or post-doctoral fellow with an MD or PhD in a recognized hematology or oncology training program, or medical, undergraduate, or graduate student, may register as a non-member in training. To register, you must complete this Advance Registration Form or register online at www.hematology.org by November 4. Non-members in training who register after the Advance Registration deadline of November 4, or on site, will be charged the ASH non-member rate of \$850.

A verification letter on official letterhead confirming that the registrant is a trainee is required. If registering by mail, the verification letter must be included with the registration form. For those who register online, an e-mail notification will automatically be sent to your program director or school counselor requesting a signed letter of verification. **If the verification letter is not received within 10 business days from the time that the individual registers online, the registrant's meeting registration and housing reservation will be cancelled.** Therefore, ASH strongly encourages that the verification letter be sent by e-mail (in PDF format) to NMIT@hematology.org. Verification may also be mailed to the address below.

Fax copies will not be accepted.

American Society of Hematology
Attn: Meetings Department/Non-Members in Training
2021 L Street, NW, Suite 900
Washington, DC 20036

If registering by mail, your completed registration form with payment should also be sent to the address above.

Individuals who registered for this category last year and are still enrolled in their training programs **will not** need to send a letter verifying their enrollment status.

CME PROCESSING FEE

A processing fee of \$25 will be charged for CME certificates. If you plan to claim CME credit for attending the meeting, you must indicate this by checking the appropriate box on the registration form. The American Medical Association (AMA) has determined that physicians not licensed in the United States who participate in this CME activity are also eligible for *AMA PRA Category 1 Credit*™.

ASH is applying for CME accreditation with the European Hematology Association (EHA). For information about claiming EHA CME, please stop by the ASH CME Desk or the EHA booth in the exhibit hall, or e-mail cme@hematology.org.