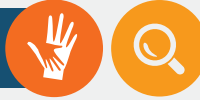


ALIGNING PRACTICE *with* EVIDENCE

VIRTUAL CONFERENCE



July 26-27, 2017

National Hospice and Palliative Care Organization



aahpm

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE



Primary Contact Name _____ Credentials _____
 Title _____ Organization _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email (Required) _____

Registration Fees

Type	Individual Member*/Non-Member** (Eligible for CE/CME)**	Organization Member*/Non-Member*** (Eligible for CE/CME)**	Additional Sites (Applies to Organization Registrations Only)
Early Bird (Early Bird Dates: February 17-June 9)	\$345/\$670	\$415/\$810	\$75
Regular (Regular Dates: June 10-July 21)	\$445/\$870	\$530/\$1040	\$100
Late: After July 21 (within 48 hours of conference)	\$1000/\$1980	\$1200/\$2380	\$200
CE/CME	\$30	\$30 per person	

* Member rate: for NHPCO, AAHPM or HPNA members
 ** provides 1 login and 1 participant eligible for CE/CME at \$30
 *** provides 2 logins and unlimited number of participants eligible for CE/CME credit at \$30 per person

Three Easy Ways to Register:

Online:
www.nhpco.org/2017VirtualConference

Fax this form:
(703) 837-1233

Mail this form:
NHPCO, 2017 Virtual Conference
PO Box 824392, Philadelphia, PA 19182-4392

Overnight Delivery
PNC Bank C/O NHPCO, Lockbox #824392
Route 38 & East Gate Dr.
Moorestown, NJ 08057

Payment

Total Due \$ _____

Payment Information

Payment in full is required at the time of registration to ensure registration is processed and confirmed.

- Make checks payable to NHPCO
- Checks must be in US funds
- A charge of \$25 will apply to checks returned for insufficient funds
- If the total calculated is incorrect, we will charge the remaining amount deemed to be accurate and appropriate

Continuing Education (CE/CME) Credit: Continuing education credit for nurses and physicians and non-physician healthcare professionals will be available. A \$30 processing fee per individual will be charged. Requests/paid for CE/CME credit can be made using the Group CE/CME Payment form or following the conference through the conference attendance and evaluation process. See www.nhpco.org/2017VirtualConference for additional information.

Registration Cancellation Policy: All cancellations and refund requests must be made in writing. A refund of the conference fees, minus a \$50 administrative fee, will be provided for cancellations received by **June 9, 2017**. Cancellations between **June 10 and July 21, 2017** will receive a 50% refund less the \$50 administrative fee. No refunds will be granted for requests postmarked after **July 21, 2017**. Submit all requests to conferences@nhpco.org. Refunds or credits will be processed within 15 business days after the conference.

Additional

Organization registrants pay an additional site fee for more than 2 logins (computer connections), enabling the registered organization to host the event in multiple locations. Provide contact information below for each additional site registered to participate in the conference. Please attach a list of additional site contacts as needed.

1. Additional Site Contact Name _____
 Contact Email Address _____
 Contact Phone _____

2. Additional Site Contact Name _____
 Contact Email Address _____
 Contact Phone _____

3. Additional Site Contact Name _____
 Contact Email Address _____
 Contact Phone _____

Check # _____ or

 CREDIT CARD NUMBER

 EXP DATE

Visa/MC Cvv Code
 3-digits back right side.

AMEX Cvv Code
 4-digits front right side.

NAME ON CARD (PLEASE PRINT CLEARLY)

SIGNATURE

DATE