OVERCOMING THE CHALLENGES OF COMMUNITY-BASED PALLIATIVE CARE

VIRTUAL CONFERENCE
JULY 17-18, 2019

NHPCO National Hospice and Palliative Care Organization | aahpm American Academy of Hospice and Palliative Medicine | HPNA Hospice & Palliative Nurses Association

Website Access Registration Form

Primary Contact Name _____ Credentials _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email *(Required)* _____

Registration Fees

Type	Organization Member*/Non-Member *(Not Eligible for CE/CME)* **
VC Website Access Dates: *(August 1 - October 18)*	$750/$1500

* Member rate: for NHPCO, AAHPM or HPNA members
** provides 1 login and unlimited number of participants

Three Easy Ways to Register

Online:
www.nhpco.org/2019VirtualConference

Mail this form:
NHPCO, 2019 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

Fax this form:
(703) 837-1233

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

Registration Cancellation Policy: Refunds will not be issued if the participant has accessed the conference using their unique login credentials. Submit all refund requests to conferences@nhpco.org.

Check # _____ or ❑ VISA ❑ MasterCard ❑

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