

ANNUAL ASSEMBLY OF HOSPICE AND PALLIATIVE CARE

February 9-12, 2022 • Virtual

Please type or print clearly. Use a separate form for each registrant; duplicate as necessary.

FOR OFFICE USE ONLY

Cust # _____

Mtg Ord #1- _____

Attendee Name _____

First Name for Badge _____ Credentials (required; 9-character limit) _____

Facility _____ Facility City/State _____

Mailing Address (Home Office) _____

City/State/ZIP _____

Daytime Phone (Home Office) (_____) _____ Email (required*) _____

First-Time Attendee

**You will receive your electronic registration confirmation only via e-mail at the e-mail address provided.*

Emergency Contact Name _____ Daytime Phone _____ Evening Phone _____

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box I.

Virtual Meeting Registration A		
Official meeting starts with Opening Reception on Wednesday, February 9.		
Member <small>(please circle association with which you hold membership below)</small> (AAHPM, HPNA, SWHPN, SPPCP)	Early-Bird Discount <small>(before or on Jan. 24)</small>	Regular Rate <small>(after Jan. 24)</small>
Physician	<input type="checkbox"/> \$ 850	<input type="checkbox"/> \$ 1,025
Nurse or Affiliated Health Professional	<input type="checkbox"/> \$ 625	<input type="checkbox"/> \$ 780
HPNA Member	<input type="checkbox"/> \$ 625	<input type="checkbox"/> \$ 780
Fellow, Resident, or Student	<input type="checkbox"/> \$ 225	<input type="checkbox"/> \$ 250
Nonmember		
Physician	<input type="checkbox"/> \$ 1,100	<input type="checkbox"/> \$ 1,325
Nurse or Affiliated Health Professional	<input type="checkbox"/> \$ 825	<input type="checkbox"/> \$ 1,000
Fellow, Resident, or Student	<input type="checkbox"/> \$ 249	<input type="checkbox"/> \$ 315
		Subtotal A \$ _____

HPNA MEMBER SURVEY

If you are an HPNA member, please also fill out the questions below:

- Highest level of nursing education
 DNP, PhD MS, MSN, MBA, MEd BSN, BA AA or AD
- State Nursing License
 NP, CNS RN LPN, LVN
- Hospice and Palliative Care Nurse Certification
 None ACHPN CHPN CHPPN CHPLN
 CHPCA CPLC
- If you are an advanced practice nurse, please share the following:
 Primary graduate focus (population) _____

 Primary certification for practice _____

Preconference Workshops, Wednesday, February 9 **B**

See pages 6-7 for session codes. Space is limited, so be sure to review your confirmation email to confirm your registration for these sessions.

8 am-5 pm—Full Day (7.00)

Hospice Medical Director Update and Exam Prep (Invited) P01 \$ 425
RECORD (audio with voiceover PowerPoint)

8 am-5:30 pm—Full Day (7.50)

HPNA ACHPN Certification Review Course (Invited) P02 \$ 425

8-11:45 am—Morning (3.50)

Not Your Granddaddy's Billing & Coding Rules: Changes in 2022 and Beyond P04 \$ 225
RECORD (audio with voiceover PowerPoint)

Beyond the Basics: Evidence-Based Approaches to Managing Pain in Individuals with Serious Illness and Opioid Use Disorder (OUD) or Non-Medical Opioid Use P05 \$ 225
RECORD (audio with voiceover PowerPoint)

1:15-5 pm—Afternoon (3.50)

Improving the Care of Diverse Patient Populations: Let's Advance the Dialogue for Strategies to Address and Navigate the Elephant in the Room (Invited DEI) P03 \$ 225

This Has Become Acutely Serious: Tackling Opioid Use Disorder in Serious Illness in Acute Care Settings P07 \$ 225
Provided by the Society of Pain and Palliative Care Pharmacists

Please complete your registration on the reverse side of this form.

Side 1 Subtotal (A + B) \$ _____

Special Requests	C
OTH <input type="checkbox"/> I have other needs. Please contact me. DIS <input type="checkbox"/> I do not wish to have my name and contact info included in the onsite attendee list.	

Attestations and Acceptance	D
<input type="checkbox"/> I understand I must complete a separate survey, sent to me by info@aahpm.org , to accept the Cancellation Policy.	

Total	E
Side 1 Subtotal \$ _____ + E = Total \$ _____	

REGISTER EARLY AND SAVE!
 Register by January 24, 2022, to save up to 25% on your Annual Assembly registration! Be sure to make your hotel reservation before the cutoff date of January 10 to take advantage of the special room rates.

Don't miss out on the premier educational event of the year for physicians, nurses, and other healthcare providers caring for patients with serious or life-threatening conditions.

ATTEND THE STATE OF THE SCIENCE
 If you are looking to attend both the Annual Assembly and the State of the Science, please ensure you also complete the State of the Science registration form found at **aahpm.org/stateofthescience**. Those who register for both meetings will receive a 20% discount on their Annual Assembly registration fee. The State of the Science will be co-located with the Annual Assembly, held February 11-13, 2022.

3 EASY WAYS TO REGISTER

Online
 AnnualAssembly.org (credit card payment only)

Phone
 847.375.4712 (credit card payment only)

Mail
 Annual Assembly
 PO Box 3781
 Oak Brook, IL 60522

After February 4, please call 847.375.4712 for further information.

Photography Policy. A professional photographer and/or videographer may be present at the Annual Assembly. By registering for the Assembly, you understand that your image may appear in photographs and/or videos and grant AAHPM and HPNA and their representatives and employees the right to take photographs and/or videos of you and your property in connection with the Assembly as well as to copyright, use, and publish the same pictures in print and/or electronically. By posting images on social media relating to the Annual Assembly, you understand that your image may appear in photographs and/or videos and thereby grant AAHPM, HPNA and their representatives and employees the right to utilize public Annual Assembly photos of you and your property for any lawful purpose, including publicity, illustration, advertising, and Web content, without your express written or verbal permission.

Payment (If payment does not accompany this form, your registration will not be processed.)

MasterCard
 Visa
 American Express
 Discover
 Check enclosed (# _____)

- Make check payable to AAHPM.
- Checks not in US funds will be returned.
- All prices listed are in US dollars.
- A charge of \$25 will apply to checks returned for insufficient funds.
- I authorize AAHPM to charge the total amount deemed to be accurate and appropriate.
- A credit card fee of 2.5% will apply for all credit card transactions.

Account number	Expiration date
Signature	Cardholder's name (please print)

Cancellation Policy: All cancellation requests must be submitted in writing to info@aahpm.org. A \$100 administrative fee will be charged for all cancellations dated before January 31, 2022. No refunds will be made under any circumstances on cancellations dated after January 31, 2022. Refunds, if approved, will be issued 2-4 weeks after the meeting. All transfer requests must be submitted in writing to info@aahpm.org. A \$10 processing fee will be charged to transfer from the virtual to the in-person conference or the in-person to the virtual conference. All transfer requests must be received by email before February 2, 2022. We will not honor transfer requests submitted after February 2, 2022. AAHPM and HPNA reserve the right to substitute faculty, cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If the Assembly is cancelled, registrants will receive a full refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the Assembly.