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**REGISTRATION INFORMATION**

**Optimal Management of HIV Disease and Hepatitis: Clinical Conference XXVII (OPMAN)**  
**March 22-24, 2019**  
**Orlando, Florida**

To register online: [www.PracticePointCME.com/OPMAN](http://www.PracticePointCME.com/OPMAN)

<p><b>PLEASE PRINT LEGIBLY</b></p> <p>Name: _____</p> <p>Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> PA  <input type="checkbox"/> Other: _____</p> <p>Specialty: _____</p> <p>Number of Years in Practice: _____</p> <p>Title: _____</p> <p>Affiliation: _____</p> <p>Address: _____        _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone Number: _____</p> <p>E-mail*: _____        *Required</p> <p>Unique ID*: _____        *MD/DO/PA – NPI # - RN/NP - State License # - Pharmacist - NABP #</p> <p>Guest: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Guest Name(s): _____</p> <p>How many years have you attended OPMAN? _____ Or:        This is my first year attending: <input type="checkbox"/></p> <p>How did you hear about OPMAN?  <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> <a href="http://practicepointcme.com">practicepointcme.com</a> <input type="checkbox"/> Friend/Colleague  <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Other: _____</p>	<p><b>Attendee Registration</b></p> <table> <tr> <td>Postmarked before December 31, 2018</td> <td style="text-align: right;">\$475.00</td> </tr> <tr> <td>Postmarked January 1, 2019 or after</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td>After March 18, 2019, or on-site</td> <td style="text-align: right;">\$550.00</td> </tr> </table> <p><input type="checkbox"/> Add \$65 per registration to purchase hotel wifi in the conference space.</p> <p>Payment must be received to qualify for discounted rates.</p> <p><b>Guests (per Individual)</b></p> <table> <tr> <td>Conference meals</td> <td style="text-align: right;">\$350.00</td> </tr> </table> <p><i>(Includes breakfast buffets on Friday, Saturday and Sunday and lunch buffets on Friday and Saturday)</i></p> <p><b>Attention ANAC Members</b></p> <p>\$50 discount on Attendee registration fee <i>(Not applicable to guest fees)</i></p>	Postmarked before December 31, 2018	\$475.00	Postmarked January 1, 2019 or after	\$500.00	After March 18, 2019, or on-site	\$550.00	Conference meals	\$350.00
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<p><b>HOTEL ACCOMMODATIONS</b></p> <p>Hilton Bonnet Creek        14100 Bonnet Creek Resort Lane        Orlando, FL 32821</p> <p>Contact the hotel directly to reserve a sleeping room at the special conference rate of \$229, plus tax, per night:        Phone: 407-597-3600 <i>(Reference the OPMAN Conference)</i>        Reservation Website: <a href="http://bit.ly/2veFliQ">http://bit.ly/2veFliQ</a></p>	<p><b>PAYMENT METHODS</b></p> <p><b>Personal or Company Credit Cards</b>        MasterCard, Visa, or American Express accepted. Registration forms can be faxed, mailed, or completed online:  <a href="http://www.practicepointcme.com/opman">www.practicepointcme.com/opman</a></p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Check Enclosed</p> <p>Card Number: _____</p> <p>Expiration Date: _____ Security Code*: _____        *3 digits for MasterCard and Visa; 4 digits for American Express</p> <p>Name as it Appears on Card: _____</p> <p>Authorized Signature: _____</p> <p><b>Personal or Company Check</b></p> <p>Made payable to <b>Practice Point Communications</b>, accompanied by registration form and mailed to:</p> <p style="text-align: center;">Practice Point Communications        Attn: Katie Cauler        630 Brooker Creek Boulevard, Suite 305        Oldsmar, FL 34677        Phone: 813-891-6999        Fax: 813-891-6886</p> <p>You will receive an <b>email</b> confirmation of your registration and payment.</p>								

**REGISTRATION FEES**

- Registration fee includes all course fees, meeting materials, CME/CE charges, group meals, and breaks.
- Guests may attend the group meals for an additional fee of \$350.00. The guest fee applies to anyone attending the meal functions that is over 10 years of age and is not attending the sessions.
- Registration is not complete without full payment or credit card information.
- Cancellations and refund requests must be made in writing. There is a non-refundable administration fee of \$50 for all cancellations.
- **No refunds will be given after February 17, 2019.**