

Office of Continuing Medical Education
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REGISTRATION INFORMATION

Optimal Management of HIV Disease and Hepatitis: Clinical Conference XXVIII (OPMAN)
March 27-29, 2020
Orlando, Florida

To register online: www.PracticePointCME.com/OPMAN

PLEASE PRINT LEGIBLY

Name: _____

Degree: MD DO NP RN PharmD RPh PA

Other: _____

Specialty: _____

Number of Years in Practice: _____

Title: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail*: _____

*Required

Unique ID*: _____

*MD/DO/PA – NPI # - RN/NP - State License # - Pharmacist - NABP #

Guest: Yes No

Guest Name(s): _____

How many years have you attended OPMAN? _____ Or:

This is my first year attending:

How did you hear about OPMAN?

E-mail Mail PracticePointCME.com Friend/Colleague

HOTEL ACCOMMODATIONS

Hilton Bonnet Creek

14100 Bonnet Creek Resort Lane
Orlando, FL 32821

Contact the hotel directly to reserve a sleeping room at the special conference rate of \$239, plus tax, per night. The resort fee **is included** in this rate.

Phone: 407-597-3600 (Reference the OPMAN Conference)

Reservation Website: <http://bit.ly/2VzOw8E>

REGISTRATION FEES

Attendee Registration

Postmarked before December 31, 2019 \$500.00

Postmarked January 1 - March 20, 2020 \$525.00

After March 20, 2020, or on-site \$575.00

Payment must be received to qualify for discounted rates.

Guests (per Individual)

Conference meals \$350.00

(Includes breakfast buffets on Friday, Saturday and Sunday and lunch buffets on Friday and Saturday)

Attention ANAC Members

\$50 discount on Attendee registration fee (Not applicable to guest fees)

PAYMENT METHODS

Personal or Company Credit Cards

MasterCard, Visa, or American Express accepted. Registration forms can be faxed, mailed, or completed online:

www.PracticePointCME.com/OPMAN

MasterCard Visa American Express Check Enclosed

Card Number: _____

Expiration Date: _____ Security Code*: _____

*3 digits for MasterCard and Visa; 4 digits for American Express

Name as it Appears on Card: _____

Authorized Signature: _____

Personal or Company Check

Made payable to **Practice Point Communications**, accompanied by registration form and mailed to:

Practice Point Communications
Attn: Meghan Colaiacovo
630 Brooker Creek Boulevard, Suite 305
Oldsmar, FL 34677
Phone: 813-891-6999
Fax: 813-891-6886

You will receive an **email** confirmation of your registration and payment.

- 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 24, 2020.**