ASOCIACIÓN DE HEMATOLOGÍA Y
ONCOLOGÍA MÉDICA DE PUERTO RICO

AHOMPR ANNUAL CONVENTION 2026
NURSING PROGRAM – REGISTRATION FORM

Complimentary Registration for Oncology/Hematology Nurses

NURSE INFORMATION

Full Name:

Email:

Mobile Phone:

OFFICE / PRACTICE INFORMATION

Hematologist/Oncologist Name:

Medical Office / Practice Name:

Office Address:

Office Phone:

Do you work for a physician who is a member of AHOMPR?

☐ Yes ☐ No

Registration Fee: COMPLIMENTARY

This complimentary registration is offered by the Asociación de Hematología y Oncología Médica de Puerto Rico (AHOMPR) as a benefit for nurses working with hematologists and oncologists.

Send the registration form: to ahomprgq@gmail.com

Nurse Signature: _____Date: _____