Conference Registration Form

Attendance is limited — register now!

Important Dates:

September 5: Early Bird deadline
October 19: Online Preregistration Rate deadline

Registration Information (please type or print clearly)

To guarantee member pricing, you must include your membership number below. ☐ Check here if this is a new address.

- ASHP ID Number
- Name
- Title
- Home Address
- City/State/Zip
- Employer/School
- Employer/School Address
- City/State/Zip
- Daytime Phone: (_______) ____________ Fax (_______) ____________

What is your primary position? (please check one)

A. ☐ Director
   ☐ Associate or Assistant Director
   ☐ Clinical Coordinator
   ☐ Other Supervisory Position

B. ☐ Staff Pharmacist
   ☐ Clinical Pharmacist–General
   ☐ Clinical Pharmacist–Specialist
   ☐ Faculty

C. ☐ Resident

D. ☐ Student

E. ☐ Technician
   ☐ Physician
   ☐ Nurse
   ☐ Medication/Patient Safety Officer
   ☐ Informatics/Technology Specialist
   ☐ Other: ____________________________

Email addresses are required for confirmation of conference registration.

Email (necessary for meeting confirmation) ____________________________

ASHP does not sell or distribute email addresses of members, subscribers, or other customers.

Mail confirmation to: ☐ Home address ☐ Business address

☐ By registering for this meeting, you agree that the information provided on this form may be stored and/or transmitted in accordance with ASHP’s privacy policy, available at www.ashp.org/Privacy-Policy.

Method of Payment

☐ Charge to: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Account #: ____________________________

Expiration Date: ____________________________

Signature: __________________________________

☐ Check or money order payable to ASHP attached.

☐ Purchase order #: ____________________________

(Domestic only. PO must be attached with registration form)

Four Ways to Register

☐ ONLINE at preceptors.ashp.org

(It's the quick and easy way to go!)

☐ CALL TOLL-FREE 1-866-279-0681, Mon–Fri, 8:00 a.m.–6:00 p.m.
   International: 001-301-664-8700

☐ FAX registration form to 1-301-657-1251

☐ MAIL registration form with check or money order payable to ASHP.
   (Checks must be drawn on a U.S. bank in U.S. funds.)
   Mail to: ASHP Payment Center
   P.O. Box 17893
   Baltimore, MD 21297

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Conference Fees (Please check one.)

- **Full Registration Fee**
  - Advance Registration (On or before September 5)
    - ASHP Member: FM $595
    - Non-member: FN $910
  - Regular and Onsite Registration (September 6 and after)
    - ASHP Member: FM $685
    - Non-member: FN $1030

- **Resident Fee** (Pharmacy residents in ASHP- or Canadian-accredited programs)
  - ASHP Member: RM $380
  - Non-member: RN $545

- **Pharmacy Technician Fee**
  - ASHP Member: TM $375
  - Non-member: TN $545

- **Student Fee** (Full-time undergraduate or postgraduate pharmacy students)
  - Graduation date required to qualify for student fees: __________________
  - ASHP Member: SM $375
  - Non-member: SN $545

One-Day Registration Fees

Please indicate which day(s) you will be attending. (One-day Registration is not available for Thursday).

- **Friday**
  - ASHP Member: One Day, Member $465/day
  - Non-member: One Day, Non-member $760/day

Preconference Workshops

You must register for both the conference and workshops in order to attend the workshops. Full-day workshops include a continental breakfast, lunch, and an energy break.

**01WK Residency Program Design and Conduct (RPDC) (select one)**
Thursday, October 17, 8:00 a.m.–5:00 p.m.

- **01WKA** PGY1 New Programs (Limited to the first 80 registrants)
- **01WKB** PGY1 Existing Programs (Limited to the first 100 registrants)
- **01WKC** PGY2 New and Existing Programs (Limited to the first 100 registrants)
- **01WKD** PGY1 Community-Based Programs (Limited to the first 25 registrants)

Registration Cancellations, Refunds, and Policies

All meeting cancellations are subject to a $75 handling charge. NO REFUNDS will be issued after October 4, 2019 (postmark or fax date).