

# Conference Registration Form

Attendance is limited — register now!



**ASHP 2019 National Pharmacy Preceptors Conference**

October 17–19, 2019 | Hilton Anatole | Dallas, Texas

## Important Dates:

**September 5:** Early Bird deadline

**October 4:** RPDC Workshop registration deadline

**October 19:** Online registration 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 \_\_\_\_\_  
FIRST MIDDLE LAST

Title \_\_\_\_\_ Name for Badge \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer/School (required) \_\_\_\_\_

Employer/School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**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](http://www.ashp.org/Privacy-Policy).

### 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:

## Method of Payment

- Charge to:  MasterCard  VISA  
 American Express  Discover

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Check or money order payable to ASHP attached.  
Checks must be drawn on a U.S. bank in U.S. funds.

Purchase order # \_\_\_\_\_  
(Domestic only. PO must be attached with registration form)

## Four Ways to Register

- ONLINE** at [preceptors.ashp.org](http://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 17693  
Baltimore, MD 21297

### Conference Fees (Please check one.)

	ASHP Member	Non-member	
<input type="checkbox"/> <b>Full Registration Fee</b>			
Advance Registration (On or before September 5)	FM <input type="checkbox"/> \$595	FN <input type="checkbox"/> \$910	\$ _____
Regular and Onsite Registration (September 6 and after)	FM <input type="checkbox"/> \$685	FN <input type="checkbox"/> \$1030	\$ _____
<input type="checkbox"/> <b>Resident Fee</b> (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$380	RN <input type="checkbox"/> \$545	\$ _____
<input type="checkbox"/> <b>Pharmacy Technician Fee</b>	TM <input type="checkbox"/> \$375	TN <input type="checkbox"/> \$545	\$ _____
<input type="checkbox"/> <b>Student Fee</b> (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$375	SN <input type="checkbox"/> \$545	\$ _____
<b>Graduation date required to qualify for student fees:</b> _____			

### One-Day Registration Fees

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

<input type="checkbox"/> <b>Friday</b>	OM <input type="checkbox"/> One Day, <b>Member</b> \$465/day	\$ _____
<input type="checkbox"/> <b>Saturday</b>	ON <input type="checkbox"/> One Day, <b>Non-member</b> \$760/day	\$ _____

### Preconference Workshops

You must be a conference registrant and register by October 4 to attend workshops. Full-day workshops include a continental breakfast, lunch, and an energy break.

<b>01WK Residency Program Design and Conduct (RPDC)</b> (select one)	<input type="checkbox"/> \$410	\$ _____
Thursday, October 17, 8:00 a.m.–5:00 p.m.		
01WKA <input type="checkbox"/> PGY1 New Programs (Limited to the first 80 registrants)		
01WKB <input type="checkbox"/> PGY1 Existing Programs (Limited to the first 100 registrants)		
01WKC <input type="checkbox"/> PGY2 New and Existing Programs (Limited to the first 100 registrants)		
01WKD <input type="checkbox"/> 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).

**TOTAL FEES** \$ \_\_\_\_\_

Registration with any meeting or event associated with the 2019 ASHP National Pharmacy Preceptors Conference implies consent and understanding of ASHP's Code of Conduct Policy and Photo Waiver.

To read these documents visit, [preceptors.ashp.org](http://preceptors.ashp.org).