

Conference Registration Form



ASHP 2020 National Pharmacy Preceptors Virtual Conference

October 22–23, 2020

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

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/Fellow

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

- ☐ CALL 866-279-0681 Monday–Friday, 8 a.m.–6 p.m. (ET)

- ☐ FAX registration form to 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
PO Box 38069, Baltimore, MD 21297

Conference Fees (Please check one.)

	ASHP Member	Non-member	
<input type="checkbox"/> Full Registration Fee	FM <input type="checkbox"/> \$550	FN <input type="checkbox"/> \$900	\$ _____
<input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$345	RN <input type="checkbox"/> \$540	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$340	TN <input type="checkbox"/> \$540	\$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$340	SN <input type="checkbox"/> \$540	\$ _____
Graduation date required to qualify for student fees: _____			

Registration Cancellations, Refunds, and Policies

All meeting cancellations are subject to a \$75 handling charge.
NO REFUNDS will be issued after October 16, 2020 (postmark or fax date).

TOTAL FEES \$ _____

By registering for this meeting you consent to ASHP Meetings and Events Terms and Conditions and Code of Conduct, as well as ASHP's PhotoWaiver. You also 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.