

Virtual Conference Registration Form

October 21-22, 2021

Early Bird Deadline: September 17



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 address: ☐ Home ☐ Business

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: _____

Conference Fees *(please check one)*

☐ Full Registration Fee

Advance Registration (On or before September 17)

Regular Registration (September 18 and after)

☐ Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)

☐ Pharmacy Technician Fee

☐ Student Fee (Full-time undergraduate or postgraduate pharmacy students)

Graduation date required to qualify for student fees: _____

ASHP Member

FM ☐ \$595

FM ☐ \$685

RM ☐ \$380

TM ☐ \$375

SM ☐ \$375

Non-member

FN ☐ \$910 \$ _____

FN ☐ \$985 \$ _____

RN ☐ \$545 \$ _____

TN ☐ \$545 \$ _____

SN ☐ \$545 \$ _____

Method of Payment

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

Card # _____ Exp. Date _____

Signature _____

☐ Check or money order payable to ASHP and drawn on a U.S. bank in U.S. funds.

☐ Enclosed is my U.S. purchase order # _____.

Please issue an invoice.

Conference Registration

Online registration is the preferred method of individual registration and is available at preceptors.ashp.org.

As an alternative and for multiple registrants from the same facility, complete this registration form and submit to ASHP.

MAIL: ASHP

PO Box 38069, Baltimore, MD 21297

FAX: 301-657-1251

PHONE: 866-279-0681 Monday-Friday, 8 a.m.-6 p.m. (ET)

ASHP Meeting Terms & Conditions and Privacy Policy

The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in any ASHP in-person or virtual meeting or event. To read these documents, visit the REGISTER page on preceptors.ashp.org

Registration Cancellations, Refunds, and Policies

All registration cancellations are fully refundable before October 21, 2021 (postmark or fax date).