

Virtual Conference Registration Form

October 21-22, 2021



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)*

	ASHP Member	Non-member
<input type="checkbox"/> Full Registration Fee		
Advance Registration (On or before September 17)	FM <input type="checkbox"/> \$595	FN <input type="checkbox"/> \$910 \$ _____
Regular and Onsite Registration (September 17 and after)	FM <input type="checkbox"/> \$685	FN <input type="checkbox"/> \$985 \$ _____
<input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$380	RN <input type="checkbox"/> \$545 \$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$375	TN <input type="checkbox"/> \$545 \$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$375	SN <input type="checkbox"/> \$545 \$ _____
Graduation date required to qualify for student fees: _____		

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 www.ashp.org page on preceptors.ashp.org

Registration Cancellations Refunds and Policies

All registration cancellations are fully refundable.