

**ASHP Pharmacy Resident Visit  
Fall 2009**

**Please print clearly**

Name of Site: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Person (if different than preceptor):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Visits: (please circle date of interest)

November 3

Names and email addresses of those visiting (**including preceptor, if attending**):

**Please type or print clearly:**

| Resident / Preceptor | Email Address |
|----------------------|---------------|
| _____                | _____         |
| _____                | _____         |
| _____                | _____         |
| _____                | _____         |
| _____                | _____         |
| _____                | _____         |
| _____                | _____         |
| _____                | _____         |

**Return To:**

Jill Haug, Pharm.D., M.B.A.  
Director, ASHP New Practitioners Forum  
ASHP  
7272 Wisconsin Avenue  
Bethesda, MD 20814  
**FAX: (301) 634-5972**

**PLEASE RETURN FORM BY FRIDAY September 15, 2009**