

ASHP COMPLIMENTARY MEETING REGISTRATION
44th ASHP Midyear Clinical Meeting and Exhibition, December 6-10, 2009
Venetian Hotels and Sands Expo Center – Las Vegas, NV

- Pharmacist** (includes meeting sessions, exhibits, Wed. Concert, Thurs Lunch & appropriate tickets) FC
- Resident** (includes meeting sessions, exhibits, Wed. Concert, Thurs Lunch & appropriate tickets) RC
- Pharmacy Technician** (includes meeting sessions, exhibits, Wed. Concert, Thurs Lunch & appropriate tickets) TC
- Student** (includes meeting sessions, exhibits, Wed. Concert, Thurs Lunch and appropriate tickets) SC
- ASHP Staff** (no tickets) RC
- ASHP Contractor** (registrant badge-no tickets) RS
- ASHP Contractor** (exhibitor badge-no tickets) E
- Press** (includes meeting sessions, exhibits, Wed. Concert, Thurs. Lunch and appropriate tickets) FP
- Speaker** (includes meeting sessions, exhibits, Wed. Concert, Thurs Lunch and appropriate tickets) FK

One-day registration (includes meeting sessions and exhibits only)

- OC One-Day Member & NonMember
 OTC One-Day Technician Comp
 ORC One-Day Resident Comp
 OSC One-Day Student Comp
 OP One-Day Press
 OK One-Day Speaker

Specify day attending: Monday Tuesday Wednesday (inc. concert)
 Thursday (does not include lunch)

Guest Badge Only
 Name for Guest badge _____ Budget
 Code _____
 *includes exhibits and concert, but does not include Thurs. Lunch

Thursday Lunch Only Budget
 Code _____
 *must be purchased for one day registrations, guests and press

(Check ALL that apply)
 Board of Directors Section Executive Committee Student Forum Executive Committee Observer
 Vendor Other (please explain): _____

Primary Position: Check One (will appear on badge)
 Director Associate or Assistant Director Clinical Coordinator
 Other Supervisory Position Faculty Student
 Staff Pharmacist Resident Clinical Pharmacist-General
 Clinical Pharmacist-Specialist Technician

Badge/Card Information (Please fill out completely. This will be exactly as the badge will appear onsite.)

ASHP I.D. Number: _____

(FIRST NAME) _____ (M.I.) _____ (LAST NAME) _____

Institution/Affiliation: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ E mail _____

ASHP STAFF SIGNATURE: _____ **Account Number:** _____

APPROVED: _____
 Stan Lowe, Jr.