

# ASHP COMPLIMENTARY REGISTRATIONS FORM

ASHP 2011 Midyear Clinical Meeting and Exhibition, December 4-8, 2011  
New Orleans Ernest N. Morial Convention Center – New Orleans, LA

- |  |                             |
|--|-----------------------------|
| Pharmacist (includes meeting sessions, exhibits, Wed. Evening Party, Thurs Lunch & appropriate tickets)  | FC <input type="checkbox"/> |
| Resident (includes meeting sessions, exhibits, Wed. Evening Party, Thurs Lunch & appropriate tickets)    | RC <input type="checkbox"/> |
| Pharmacy Technician (includes meeting sessions, exhibits, Wed. Party, Thurs Lunch & appropriate tickets) | TC <input type="checkbox"/> |
| Student (includes meeting sessions, exhibits, Wed. Evening Party, Thurs Lunch and appropriate tickets)   | SC <input type="checkbox"/> |
| ASHP Staff (no tickets)  | RC <input type="checkbox"/> |
| ASHP Contractor (registrant badge-no tickets)  | RS <input type="checkbox"/> |
| ASHP Contractor (exhibitor badge-no tickets)   | E <input type="checkbox"/>  |
| Press (includes meeting sessions, exhibits, Wed. Evening Party, Thurs. Lunch and appropriate tickets)    | FP <input type="checkbox"/> |
| Speaker (includes meeting sessions, exhibits, Wed. Evening Party, Thurs Lunch and appropriate tickets)   | FK <input type="checkbox"/> |

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

## PRESS

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

Guest Badge Only

Name for Guest badge \_\_\_\_\_ Budget Code \_\_\_\_\_

\*includes exhibits and Wednesday Evening Party, 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)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Director                       | <input type="checkbox"/> Associate or Assistant Director | <input type="checkbox"/> Clinical Coordinator        |
| <input type="checkbox"/> Other Supervisory Position     | <input type="checkbox"/> Faculty                         | <input type="checkbox"/> Student                     |
| <input type="checkbox"/> Staff Pharmacist               | <input type="checkbox"/> Resident                        | <input type="checkbox"/> Clinical Pharmacist-General |
| <input type="checkbox"/> Clinical Pharmacist-Specialist |  | <input type="checkbox"/> 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 NAME: \_\_\_\_\_ Account Number: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Stan Lowe, Jr.