

PLEASE RETURN THIS FORM NO LATER THAN APRIL 3, 2009

To: Warren Parris
Senior Administrative Assistant

From: _____

State or Section/Forum: _____

Check One: State Delegate State Alternate Delegate Other State Affiliate Representative
 ASHP Past President Section/Forum Delegate Fraternal Delegate

_____ I will not be able to attend an RDC.

_____ I would like to attend the RDC in:

Baltimore, MD Chicago, IL Phoenix, AZ

May 2 – May 3: _____

May 4 – May 5: _____

**Note: Please wait for ASHP’s confirmation of your RDC reservation before making travel plans.
HOTEL REGISTRATION WILL OPEN MARCH 1.**

E-Mail: _____

Daytime Phone: _____

Position Title and Institution: _____

Please provide the following information:

I have previously served as an ASHP delegate.
 I have previously served on an ASHP policy committee. If yes, which committee? Check all that apply:

- Education and Workforce Development**
- Pharmacy Management**
- Pharmacy Practice**
- Public Policy**
- Therapeutics**

_____ I would be willing to present a policy recommendation for discussion during the RDC. If you are selected for this task, an ASHP staff member will contact you.

_____ I wish to submit the following topics for open discussion at the RDC:

Please provide emergency contact information below:

Name: _____ Phone: _____

Thank you. Please submit this form by Fax: 301-634-5774 or E-mail: wparris@ashp.org