

# Meeting Registration Form



the power of you

**43rd ASHP Midyear Clinical Meeting & Exhibition**  
**December 7–11, 2008 • Orange County Convention Center • Orlando, Florida**

**Register in advance and SAVE!** Pre-meeting registration closes on November 24th and rates increase up to \$100 for on-site registration. All mail, fax and online registrations must be received by ASHP on or before November 24th to take advantage of discounts.

## REGISTRATION INFORMATION

Please type or print clearly.

ASHP ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Title: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET  
CITY STATE ZIP

Employer/School: \_\_\_\_\_  
(REQUIRED)

Employer/School Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_  
(Necessary for Meeting confirmation.)

Check here if this is a new address.

**What is your primary position?**  
(please check one)

- A Director
- B Associate or Assistant Director
- C Clinical Coordinator
- D Other Supervisory Position
- E Staff Pharmacist
- F Clinical Pharmacist—General
- G Clinical Pharmacist—Specialist
- H Faculty
- I Student
- J Resident
- K Technician
- L Other:

### Guest Program Registration Information:

Name for Badge: \_\_\_\_\_  
FIRST MIDDLE LAST

Customize your experience. Take advantage of pre-meeting workshops and special events. Complete both sides of this form, then check the meeting website [www.ashp.org/midyear08](http://www.ashp.org/midyear08) to plan your days.

## METHOD OF PAYMENT

Charge to:  MasterCard  VISA  AmEx  Discover

TOTAL (from other side) \$ \_\_\_\_\_  
(Code MCM08PA)

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*By authorizing this charge, I certify that the above registration information is true and correct, and agree to be responsible for any additional charges incurred pursuant to this meeting registration.*

Check or money order payable to ASHP is attached.  
Checks must be drawn on a U.S. bank in U.S. funds.

Purchase order # \_\_\_\_\_ is attached.  
Please issue invoice.

## FOUR WAYS TO REGISTER

### ONLINE

[www.ashp.org/midyear08](http://www.ashp.org/midyear08) (It's the quick and easy way to go!)

**CALL TOLL-FREE** 1-866-279-0681, Mon.–Fri. 8 a.m.–6 p.m. EST,  
International: 001-301-664-8700

**FAX** registration form to 1-301-657-1251

**MAIL** registration form with check or money order payable to ASHP. **Midyear Clinical Meeting Program, ASHP Payment Center, P.O. Box 17693, Baltimore, MD 21297.** (Checks must be drawn on a U.S. bank in U.S. funds.)

## ARRANGEMENTS FOR SPECIAL ASSISTANCE

If you have any disability for which you may require an auxiliary aid or special service while attending this meeting, please contact Paul Wong at ASHP, 301-664-8616 by November 14.

## MIDYEAR CLINICAL MEETING FEES

Registration includes meeting sessions, exhibits, and the Wednesday evening party, and the Thursday networking luncheon. **Please check one.**

<input type="checkbox"/> <b>Full Registration Fee</b>	<b>ASHP Member</b>	<b>Non-member</b>	
Advance Registration (on or before October 22)	FM <input type="checkbox"/> \$460	FN <input type="checkbox"/> \$725*	\$ _____
Regular Registration (October 23–November 24)	FM <input type="checkbox"/> \$510	FN <input type="checkbox"/> \$775*	\$ _____
On-site Registration (after November 24)	FM <input type="checkbox"/> \$560	FN <input type="checkbox"/> \$825*	\$ _____
<input type="checkbox"/> <b>Resident Fee</b> (Pharmacy residents in ASHP- or CSHP-accredited programs)	RM <input type="checkbox"/> \$275	RN <input type="checkbox"/> \$350*	\$ _____
<input type="checkbox"/> <b>Pharmacy Technician Fee</b>	TM <input type="checkbox"/> \$250	TN <input type="checkbox"/> \$325*	\$ _____
<input type="checkbox"/> <b>Student Fee</b> (Full-time undergraduate or postgraduate pharmacy students) <b>Graduation date required to qualify for student fee:</b> _____	SM <input type="checkbox"/> \$200	SN <input type="checkbox"/> \$250*	\$ _____
<input type="checkbox"/> <b>Retired Fee</b>	FR <input type="checkbox"/> \$275	FR <input type="checkbox"/> \$275*	\$ _____

### \*BONUS MEMBERSHIP FOR ALL NON-MEMBERS

Paying the non-member rate entitles you to a free year of ASHP membership, which includes *AJHP*<sup>®</sup>, *Newslink*, Section membership, CE, and discounts on pharmacy publications, software and much more!

Take full advantage of your membership by enrolling in a Section.

There is no additional cost. Choose from the Sections here and select one

Primary Section where you can vote for Section Leadership.

Students are automatically enrolled in the ASHP Pharmacy Student Forum. New Practitioners and Residents are automatically enrolled in the New Practitioners Forum. All are encouraged to enroll in a Section as well.

Please check here if you prefer not to take advantage of this offer.

Primary (select one)	Additional (no limit)
<input type="checkbox"/> Home, Ambulatory, and Chronic Care Practitioners	<input type="checkbox"/>
<input type="checkbox"/> Clinical Specialists and Scientists	<input type="checkbox"/>
<input type="checkbox"/> Pharmacy Practice Managers	<input type="checkbox"/>
<input type="checkbox"/> Inpatient Care Practitioners	<input type="checkbox"/>
<input type="checkbox"/> Pharmacy Informatics and Technology	<input type="checkbox"/>

## PRE-MEETING WORKSHOPS

**You must register by October 22nd and be a full Midyear Meeting registrant to attend pre-meeting workshops. PharmPrep registration is extended to November 24th and also available on-site.**

01WK	<b>Residency Learning System (RLS)</b> Saturday, December 6, 8:30 a.m.–5:00 p.m. Registration is limited. Select only one of the following options: 01WKA <input type="checkbox"/> RLS A: <b>PGY1 New Programs</b> (42 participants) 01WKB <input type="checkbox"/> RLS C: <b>PGY1 Existing Programs</b> (60 participants) 01WKC <input type="checkbox"/> RLS B: <b>PGY2 New and Existing Programs</b> (42 participants)	<input type="checkbox"/> \$215 <input type="checkbox"/> \$215 <input type="checkbox"/> \$215	\$ _____ \$ _____ \$ _____
02WK	<b>Ambulatory Care Workshop 2008: How to Establish a Pharmacist Managed Clinic</b> Sunday, December 7, 8:30 a.m.–5:00 p.m. (Registration is limited to 60 participants.)	<input type="checkbox"/> \$215	\$ _____
03WK	<b>Pain Management and Symptom Management 101: Clinical and Administrative Responsibilities of the Pharmacist</b> Sunday, December 7, 8:30 a.m.–5:00 p.m. (Registration is limited to 60 participants.)	<input type="checkbox"/> \$215	\$ _____
04WK	<b>Basic Statistics Short Course for Pharmacists</b> Sunday, December 7, 8:30 a.m.–4:30 p.m. (Registration is limited to 35 participants.)	<input type="checkbox"/> \$215	\$ _____
05WK	<b>Developing Clinical Skills in Parenteral Nutrition</b> Sunday, December 7, 8:30 a.m.–4:30 p.m. (Registration is limited to 60 participants.)	<input type="checkbox"/> \$215	\$ _____
06WK	<b>Rev Up Your Presentation Skills</b> Sunday, December 7, 1:00 p.m.–5:00 p.m. (Registration is limited to 35 participants.)	<input type="checkbox"/> \$50	\$ _____
07WK	<b>Skills for Assessing Readiness for Health Information Technology Implementation</b> Sunday, December 7, 8:30 a.m.–12:30 p.m. (Registration is limited to 60 participants.)	<input type="checkbox"/> \$85	\$ _____
08WK	<b>Managing Anticoagulation Therapy: An Advanced Workshop for Pharmacists</b> Sunday, December 7, 8:30 a.m.–4:30 p.m. (Registration is limited to 60 participants.)	<input type="checkbox"/> \$215	\$ _____
09WK	<b>Developing a Comprehensive Emergency and Continuity Management Program in Your Pharmacy Department</b> Sunday, December 7, 8:30 a.m.–5:00 p.m. (Registration is limited to 40 participants.)	<input type="checkbox"/> \$85	\$ _____
10WK	<b>First Class Continuing Pharmacy Education</b> Sunday, December 7, 8:30 a.m.–12:30 p.m. (Registration is limited to 35 participants.)	<input type="checkbox"/> \$50	\$ _____
11WK	<b>ASHP's PharmPrep Live! A Board Review Workshop</b> Saturday, December 6, 8:30 a.m.–5:00 p.m. (Registration is limited.) <i>(Free 15 month access to PharmPrep Online is included in your registration.)</i>	<input type="checkbox"/> \$60 (\$75 on-site)	\$ _____

## SPECIAL EVENTS

<input type="checkbox"/> <b>Guest Program</b> (Price includes 3 days of tours, Wednesday evening party, and exhibits. Tickets for the daily tours can be purchased online. Tickets must be purchased by November 24th to guarantee pricing and availability.)	<input type="checkbox"/> \$295	\$ _____
<input type="checkbox"/> <b>Thursday Networking Luncheon</b> (Included in all registration fees except one-day)	<input type="checkbox"/> \$35 x _____ tickets	\$ _____
<input type="checkbox"/> <b>Wednesday Evening Party at Universal Studios Florida<sup>®</sup></b> (Included in all registration fees except one-day)	<input type="checkbox"/> \$75 x _____ tickets	\$ _____
<input type="checkbox"/> Additional tax-deductible donation to the ASHP Research and Education Foundation		\$ _____

## ONE-DAY REGISTRATION FEES

Please indicate which day(s) you will be attending. These fees cover meeting sessions and exhibits only.  Sun.  Mon.  Tues.  Wed. and Thurs.

<input type="checkbox"/> OM One Day, <b>Member</b> \$225/day <input type="checkbox"/> ON One Day, <b>Non-member</b> \$325/day <input type="checkbox"/> OS One Day, <b>Student</b> \$165/day	\$ _____
<input type="checkbox"/> OR One Day, <b>Resident</b> \$235/day <input type="checkbox"/> OT One Day, <b>Technician</b> \$235/day	
<b>TOTAL FEES</b>	<b>\$ _____</b>