

Meeting Registration Form



ASHP Summer Meeting & Exhibition

June 6–9, 2010 • Tampa Convention Center • Tampa, Florida

Save with early-bird discounts! Register now at www.ashp.org/sm10

Important! Pre-meeting registration closes on May 24th. All pre-registrations must be received by ASHP on or before that date. Starting May 25th, you must register on-site for the Summer Meeting.

REGISTRATION INFORMATION

Registrant ASHP ID Number: _____

Name: _____
FIRST MIDDLE LAST

Title: _____

Name for Badge: _____

Home Address: _____
STREET

CITY STATE ZIP

Employer/School (*required*): _____

Employer/School Address: _____
STREET

CITY STATE ZIP

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:

FOUR WAYS TO REGISTER

ONLINE

www.ashp.org/sm10
(*It's the quick and easy way to go!*)

CALL

Toll Free: 1-866-279-0681

International:
001-301-664-8700

Mon.–Fri. 8 a.m.–6 p.m. EST

FAX

registration form to
1-301-657-1251

MAIL

registration form with check
or money order payable to ASHP.

ASHP 2010 Summer Meeting Registration
ASHP Payment Center
P.O. Box 17693
Baltimore, MD 21297

(*Checks must be drawn on a U.S. bank in U.S. funds.*)

Summer Meeting fees, special events, and methods of payment on the next page.

