Meeting Registration Form

ASHP 2012 SUMMER MEETING & EXHIBITION

ASHP Summer Meeting & Exhibition

June 9–13, 2012 | Baltimore Convention Center | Baltimore, Maryland

Register in advance and SAVE! Pre-meeting registration closes on May 29th. All mail, fax, and online registrations must be received by ASHP on or before that date. Register at **www.ashp.org/sm12**

DIRECTOR'S AND MANAGER'S 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
- ❑ L Other: _____

SPECIAL OFFER

SPECIAL OFFER: If you are a full registrant director/manager, you are eligible to bring one staff member at a heavily discounted rate to the meeting. Registrations must be received by ASHP on or before May 29, 2012.

To participate, please fill out your staff member's information (below left) and mail or fax payment for both registrations.

STAFF MEMBER ATTENDING WITH DIRECTOR OR MANAGER 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)

- ❑ B Associate or Assistant Director
- ❑ C Clinical Coordinator
- ❑ D Other Supervisory Position
- ❑ E Staff Pharmacist
- ❑ F Clinical Pharmacist–General
- ❑ G Clinical Pharmacist–Specialist
- ❑ J Resident
- ❑ L Other: _____

FOUR WAYS TO REGISTER

ONLINE
www.ashp.org/sm12

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
(Checks must be drawn on a U.S. bank in U.S. funds.)
ASHP 2012 Summer Meeting Registration
ASHP Payment Center
P.O. Box 17693
Baltimore, MD 21297

DIRECTOR OR MANAGER REGISTRATION SUMMER MEETING FEES

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

❑ **Full Registration Fee**	**ASHP Member**	**Non-member**	
Advance Registration (on or before May 2)	FM ❑ $495	FN ❑ $795	$ _____
Regular Registration (May 3–May 29)	FM ❑ $545	FN ❑ $845	$ _____

ONE-DAY REGISTRATION FEES

Please indicate which day(s) you will be attending. These fees cover meeting sessions and exhibits only. ❑ Monday ❑ Tuesday ❑ Wednesday

❑ OM One Day, **Member** $275/day ❑ ON One Day, **Non-member** $400/day $ _____

ADDITIONAL REGISTRATION SUMMER MEETING FEES

❑ **Staff Member Registration** *(Includes meeting sessions, exhibit program, Grand Opening Reception, and lunch on Tuesday in the Exhibit Hall.)*

PFM ❑ $300 PFN ❑ $375 $_____

BONUS MEMBERSHIP

All full non-member meeting registrants automatically become members of ASHP for 6 months! Membership includes *AJHP®, Intersections, NewsLink,* Section membership, CE, discounts on future meetings, pharmacy publications and software, and much more!

❑ **Directors**, if you prefer not to take advantage of this free membership, please check this box.

❑ **Staff Members**, if you prefer not to take advantage of this free membership, please check this box.

PRE-MEETING WORKSHOPS

You must register by May 29 and be a full Summer Meeting registrant to attend pre-meeting workshops.

01WK	**Residency Learning System (RLS) PGY1 Existing Programs** Saturday, June 9, 8:00 am – 5:00 pm. Registration is limited to 100 participants.	❑ $225	$ _____
02WK	**Expanding Your Residency Program Workshop** Sunday, June 10, 1:00 pm – 4:00 pm. Registration is limited to 60 participants.	❑ $115	$ _____

SPECIAL EVENTS

❑ **Harvey A.K. Whitney Lecture Award Reception and Dinner** (Tuesday evening event; not included in registration fee)	❑ $110 x _____tickets	$_____
❑ **Grand Opening Reception** (Sunday evening event; included in all except one-day fees)	❑ $30 x _____tickets	$_____
❑ **Additional tax-deductible donation** to the ASHP Research and Education Foundation		$_____

METHOD OF PAYMENT FOR DIRECTOR/MANAGER

❑ **Charge to:** ❑ MasterCard ❑ VISA ❑ AmEx ❑ Discover

TOTAL FEES: $ _____

SM12DIRANN

Card #: _____

Expiration Date: _____

Signature: _____

❑ Attached is a check or money order payable to *ASHP*.
(Checks must be drawn on a U.S. bank in U.S. funds.)

❑ Attached is purchase order # _____

METHOD OF PAYMENT FOR STAFF MEMBER SPECIAL OFFER

❑ **Charge to:** ❑ MasterCard ❑ VISA ❑ AmEx ❑ Discover

TOTAL FEES: $ _____

SM12DIRANNPROMO

Card #: _____

Expiration Date: _____

Signature: _____

❑ Attached is a check or money order payable to *ASHP*.
(Checks must be drawn on a U.S. bank in U.S. funds.)

❑ Attached is purchase order # _____

Cancellation Policy

To receive a full-meeting registration refund, confirmed registrations must be cancelled in writing and mailed or faxed on or before May 29, 2012 (postmark or fax date). Written cancellations postmarked or faxed May 30 through June 8 will be subject to a $50 handling charge. Refunds will be issued only for cancellations postmarked or faxed before June 9.

Please Note: *Payments to ASHP are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Only additional donations to the ASHP Research and Education Foundation are tax deductible.*

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