Meeting Registration Form

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**

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: _____
STREET

_____
CITY STATE ZIP

Daytime Phone: _____ Fax: _____

E-mail *(required for meeting confirmation)*: _____

Graduation Date *(requested for all, required for students and residents)*: _____

❑ **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 Physician
- ❑ M Nurse
- ❑ N Other: _____

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/sm12** to plan your days.

METHOD OF PAYMENT

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

TOTAL (from other side) $ _____

SM12PA

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

❑ Purchase order #: _____ attached.
Please issue invoice.

FOUR WAYS TO REGISTER

❑ **ONLINE**
www.ashp.org/sm12
(*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.
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

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.

ASHP SM12
ASHP 2012 SUMMER MEETING & EXHIBITION

46th ASHP Summer Meeting & Exhibition
June 9–13, 2012 | Baltimore Convention Center | Baltimore, Maryland

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	$ _____
On-site Registration (after May 29)	FM	❑ $625	FN	❑ $1080	$ _____
❑ **Resident Fee** (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM	❑ $315	RN	❑ $365	$ _____
❑ **Pharmacy Technician Fee**	TM	❑ $315	TN	❑ $365	$ _____
❑ **Student Fee** (Full-time undergraduate or postgraduate pharmacy students) **Graduation date required to qualify for student fees:** _____	SM	❑ $195	SN	❑ $245	$ _____
❑ **Retired Fee**	FRM	❑ $315	FRN	❑ $365	$ _____
❑ **Physician/Nurse**			MDRN	❑ $545	$ _____

*BONUS MEMBERSHIP FOR NON-MEMBERS

All full non-member meeting registrants and residents with a U.S. address are eligible to 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!

❑ Please check here if you would like to take advantage of this offer. An email confirmation for your 6-month membership will be sent following your completed meeting registration. Upon receiving this email you can complete your membership enrollment, including selecting your Sections.

E-mail *(required for enrollment):* _____

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 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 the "Director registration form" that can be found at **www.ashp.org/sm12/register.** Or call customer service at **866-279-0681**.

SPECIAL EVENTS

❑ **Harvey A.K. Whitney Lecture Award and Dinner**	❑ $110 x _____ tickets	$ _____
❑ **Grand Opening Reception** (*Included in all registration fees except one-day*)	❑ $30 x _____ tickets	$ _____
❑ **Lunch on Monday**	❑ $40 x _____ tickets	$ _____
❑ **Breakfast and Lunch on Tuesday**	❑ $50 x _____ tickets	$ _____
❑ Additional tax-deductible donation to the ASHP Research and Education Foundation		$ _____

ONE-DAY REGISTRATION FEES

Please indicate which day(s) you will be attending (*includes meeting sessions and exhibits only*).

❑ Monday ❑ Tuesday ❑ Wednesday $ _____

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

TOTAL FEES $ _____

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