



COMMUNITY PHARMACY AMBULATORY CARE CONFERENCE



Deliver **innovative pharmacy services** to your community

AUG 17-18, 2021 • VIRTUAL

It's best to register online at ashp.org/community

REGISTRATION FORM

Registration Information *(Please type or print clearly)*

To guarantee member pricing, you must include your membership number below. ☐ Check here if this is a new address.

ASHP Member ID# *(if applicable)* _____

Name and ID# of ASHP member pharmacist* _____

Name _____

Title _____ Name for Badge _____

Home Address _____

City/State/Zip _____

Employer/School *(required)* _____

Employer/School Address _____

City/State/Zip _____

Daytime Phone: (____) _____ Fax (____) _____

Email addresses are required for confirmation of conference registration.

Email *(necessary for meeting confirmation)* _____

Conference Fees (CPAC21)

(check one)

	By July 9	July 10 and after
ASHP member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349
Non-member	<input type="checkbox"/> \$649	<input type="checkbox"/> \$699
Resident (member)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185
Resident (non-member)	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385
Student (member)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185
Student (non-member)	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385
Technician (member)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185
Technician (non-member)	<input type="checkbox"/> \$385	<input type="checkbox"/> \$385

- ☐ By registering for this meeting, you agree that the information provided on this form may be stored, processed and/or transmitted in accordance with ASHP's privacy policy, available at www.ashp.org/Privacy-Policy.

What is your primary position?

(please check one)

- A. ☐ Director
☐ Associate or Assistant Director
☐ Clinical Coordinator
☐ Other Supervisory Position
- B. ☐ Staff Pharmacist
☐ Clinical Pharmacist-General
☐ Clinical Pharmacist-Specialist
☐ Faculty
- C. ☐ Resident/Fellow
- D. ☐ Student
☐ Technician
☐ Physician
☐ Nurse
☐ Medication/Patient Safety Officer
☐ Informatics/Technology Specialist
☐ Other: _____

2021 Community Pharmacy and Ambulatory Care Conference

August 17-18, 2021



REGISTRATION FORM

Wednesday Tracks

Please select one of the following tracks to attend on Wednesday, August 18. There is no additional registration fee but you must preregister for the track of your choice.

TRACK A

☐ Ambulatory Care Pharmacy

TRACK B

☐ Community Pharmacy

Method of Payment

☐ Charge \$ _____ to my: ☐ MasterCard ☐ VISA ☐ American Express ☐ DiscoverCard

Card # _____

Exp. Date _____ Signature _____

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

☐ Enclosed is my U.S. purchase order # _____. Please issue an invoice.

Conference Registration

Online registration is the preferred method of individual registration and is available May 6 through August 17 at ashp.org/community.

As an alternative and for multiple registrants from the same facility, complete this registration form and submit to ASHP.

MAIL: **ASHP**

PO Box 38069, Baltimore, MD 21297-8069

FAX: **301-657-1251**

PHONE: **866-279-0681** Monday-Friday, 8 a.m.-6 p.m. (ET)

Registration Cancellations, Refunds, and Policies

All meeting cancellations are subject to a \$75 handling fee. NO REFUNDS will be issued after July 29, 2021 (postmark or fax date). The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in any ASHP in-person or virtual meeting or event. To read these documents, visit the REGISTER page on ashp.org/community.