# Residency Program Design and Conduct Workshops Registration Form

April 20-21, 2023 | Virtual

## Registration Information *(please type or print clearly)*

To guarantee member pricing, you must include your membership number below.

ASHP ID Number _____

Name _____
FIRST MIDDLE LAST

Title _____

Home Address _____

City/State/Zip _____

Employer/School *(required)* _____

Employer/School Address _____

City/State/Zip _____

Daytime Phone ( _____ ) _____ Fax ( _____ ) _____

Email *(necessary for workshop confirmation & virtual access)* _____

❑ **Check here if this is a new address.**

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

- ❑ Director
- ❑ Chief Pharmacy Officer/Director of Pharmacy
- ❑ Associate or Assistant Director
- ❑ Clinical Coordinator
- ❑ Other Supervisory Position
- ❑ Staff Pharmacist
- ❑ Clinical Pharmacist–General
- ❑ Clinical Pharmacist–Specialist
- ❑ Faculty
- ❑ Resident
- ❑ Student
- ❑ Technician
- ❑ Physician
- ❑ Nurse
- ❑ Medication/Patient Safety Officer Informatics/Technology
- ❑ Specialist
- ❑ Other: _____

By registering for this meeting, you agree to receive marketing and informational emails from ASHP and its partners for products and services, and agree that any information you provide may be stored, processed and/or transmitted by ASHP and its service providers in accordance with the ASHP Privacy Policy, available to view at ashp.org/privacy-policy.

## Workshop Fees

*Please indicate which workshop you will be attending. To make changes to your registration, email custserv@ashp.org before April 6, 2023.*

| | ASHP Member | Non-member | |
|---|---|---|---|
| ❑ **PGY1 New Programs** | ❑ $395 | ❑ $745 | $ _____ |
| ❑ **PGY1 Existing Programs** | | | |
| ❑ **PGY1 Community-based Programs** | | | |
| ❑ **PGY2 New Programs** | | | |
| ❑ **PGY2 Existing Programs** | | | |

## Method of Payment

❑ Charge to: ❑ MasterCard ❑ VISA ❑ American Express ❑ Discover

Card # _____ Exp. Date _____

Signature _____

❑ Check or money order payable to ASHP and drawn on a U.S. bank in U.S. funds.

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

## Additional Ways to Register

**Online registration is the preferred method of individual registration and is available on ashp.org.**

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

PHONE: **866-279-0681** M–F 8 a.m.–6 p.m. FAX: **301-657-1251**

## ASHP Meeting Terms & Conditions and Privacy Policy

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/rpdc**

## Registration Cancellations, Refunds, and Policies

All meeting cancellations are subject to a $75 handling fee. No Refunds will be issued after April 6, 2023 (postmark or fax date).

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