

Specialty Pharmacy Conference:

Optimizing Patient Outcomes and Operational Excellence

Virtual Event

July 14-16, 2021

REGISTRATION FORM



ashp

It's best to register online at [ashp.org/specialtyconference](https://www.ashp.org/specialtyconference)

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 (SPC21)

(check one)

	By June 4	June 5. and after
ASHP member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399
Non-member	<input type="checkbox"/> \$699	<input type="checkbox"/> \$749
Resident (member)	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
Resident (non-member)	<input type="checkbox"/> \$420	<input type="checkbox"/> \$420
Student (member)	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
Student (non-member)	<input type="checkbox"/> \$420	<input type="checkbox"/> \$420
Technician (member)	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
Technican (non-member)	<input type="checkbox"/> \$420	<input type="checkbox"/> \$420

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: _____

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Half-Day Workshops

Wednesday, July 16 | 10:15 a.m. - 12:30 p.m. ET

Please select one of the following workshops. There is no additional registration fee but you must preregister for the track of your choice.

TRACK A

Foundational Track

TRACK B

Established Track

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 April 15 through July 14 at ashp.org/specialtyconference.

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)

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/specialtyconference

Registration Cancellations and Refunds

All meeting cancellations are subject to a \$75 handling fee. NO REFUNDS will be issued after June 26, 2021 (postmark or fax date).