ASHP Pharmacotherapy Review and Recertification Course Registration Form

ASHP Pharmacotherapy Review and Recertification Course

December 5-6, 2026 | Orange County Convention Center | Orlando, Florida

Register in advance and SAVE!

Register on or before November 6, 2026, to take advantage of special advance discount rates.

Register at **ashp.org/boardreview2026**

REGISTRATION INFORMATION

Please type or print clearly.
To guarantee member pricing, you must include your membership number below.

ASHP ID Number: _____

Name and ID# of ASHP member pharmacist* _____

Name: _____
FIRST MIDDLE LAST

Title: _____

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)*: _____

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

What is your primary position?

- ☐ Chief Pharmacy Officer
- ☐ Director
- ☐ Associate or Assistant Director
- ☐ Clinical Coordinator
- ☐ Other Supervisory Position
- ☐ Staff Pharmacist
- ☐ Clinical Pharmacist–General
- ☐ Clinical Pharmacist–Specialist
- ☐ Faculty
- ☐ Resident/Fellow
- ☐ Student
- ☐ Technician
- ☐ Physician
- ☐ Nurse
- ☐ Faculty
- ☐ Other:
- ☐

What is your specialty area? *(please check one)*

- ☐ I do not have an area of specialty
- ☐ Ambulatory Care
- ☐ Anticoagulation
- ☐ Cardiology
- ☐ Community Pharmacy
- ☐ Critical Care
- ☐ Dermatology
- ☐ Drug Information
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Geriatrics
- ☐ Hematology/Oncology
- ☐ Hepatology
- ☐ HIV
- ☐ Immunology/Transplant
- ☐ Infectious Diseases
- ☐ Inpatient Internal Medicine
- ☐ Investigational Drugs/Clinical Research
- ☐ Kidney Disease/Renal
- ☐ Medication Safety
- ☐ Neonatology
- ☐ Nephrology
- ☐ Neurology
- ☐ Nutritional Support
- ☐ Obstetrics/Gynecology
- ☐ Pain Management/Palliative Care
- ☐ Pediatrics
- ☐ Pharmacogenomics
- ☐ Pharmacokinetics
- ☐ Pharmacy Administration
- ☐ Pharmacy Informatics
- ☐ Psychiatry
- ☐ Repiratory/Pulmonary
- ☐ Rheumatology
- ☐ Specialty Pharmacy
- ☐ Surgery/OR/Anesthesiology
- ☐ Toxicology/Poison Control
- ☐ 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 www.ashp.org/privacy-policy.

MEETING REGISTRATION FORM

ASHP LIVE PHARMACOTHERAPY REVIEW AND RECERTIFICATION COURSE

December 5-6, 2026 | 7:30 a.m.–6:30 p.m.

Please select your member category and package below.
You must select between the **Review Package** or the **Recertification Package**. *Check only one.*

☐ **Review Package:** includes live course with educational materials (PDF); recorded course with expanded content; and practice exam

☐ **Recertification Package:** includes live course with educational materials (PDF), recorded course with expanded content, and recertification assessment (for recertification only)

Please check one.

	On or before November 6	November 7 and after	
ASHP Member			
Review Package	☐ $590	☐ $700	$ _____
Recertification Package	☐ $590	☐ $700	$ _____
Nonmember			
Review Package	☐ $735	☐ $880	$ _____
Recertification Package	☐ $735	☐ $880	$ _____
Resident Member			
Review Package	☐ $295	☐ $350	$ _____
Resident Member			
Review Package	☐ $365	☐ $440	$ _____
		TOTAL FEES	$ _____ PCMCM26

METHOD OF PAYMENT

☐ Charge to: ☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover

Total $ _____ PCMCM26

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: For invoicing purposes, please submit your purchase order along with your registration form.**

THREE WAYS TO REGISTER

☐ **ONLINE** at **ashp.org/boardreview2026**
(It's the quick and easy way to go!)

☐ **CALL TOLL-FREE 1-866-849-9828**

☐ **MAIL** registration form with payment to ASHP.
Checks must be drawn on a U.S. bank in U.S. funds.

ASHP Customer Registration Center
c/o SPARGO, Inc.
1881 Campus Commons Drive, Suite 350
Reston, VA 20191
ashpregistration@spargoinc.com

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.*

REGISTRATION CANCELLATIONS, REFUNDS, AND POLICIES

All meeting cancellations are subject to a $75 handling charge. NO REFUNDS will be issued after November 13, 2026 (postmark or fax date). In the event that the in-person meeting is canceled, ASHP will provide a full refund.

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 at **midyear.ashp.org**.