

Meeting Registration Form

52nd ASHP Midyear Clinical Meeting & Exhibition

December 3–7, 2017 | Orlando Convention Center | Orlando, Florida

Important registration deadlines:

October 19: Early Bird registration discounts end

November 27: Mail, fax, and phone registrations must be received by ASHP

November 30: Online registrations must be received before midnight (Onsite registration will be available at an increased rate)

**Register
in advance
and SAVE!**

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

Customize your experience. Take advantage of pre-meeting workshops and special events.
Complete both sides of this form, then check the meeting website midyear17.ashp.org to plan your days.

METHOD OF PAYMENT

Charge to: MasterCard VISA AmEx Discover

TOTAL (from other side) \$ _____

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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: midyear17.ashp.org

CALL TOLL-FREE 1-866-279-0681, Mon.–Fri. 8 a.m.–6 p.m. ET
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.

**Midyear Clinical Meeting Registration
ASHP Payment Center
P.O. Box 17693
Baltimore, MD 21297**

CANCELLATION POLICY

All meeting cancellations are subject to a \$75 handling charge.
NO REFUNDS will be issued after November 20, 2017 (postmark or fax date).

MIDYEAR CLINICAL MEETING

Registration includes meeting sessions, exhibits, and the Wednesday evening event. Please check one.

	ASHP Member	Non-member	
<input type="checkbox"/> Full Registration Fee			
Advance Registration (on or before October 19)	FM <input type="checkbox"/> \$690	FN <input type="checkbox"/> \$1065	\$ _____
Regular Registration (October 20–November 30)	FM <input type="checkbox"/> \$755	FN <input type="checkbox"/> \$1130	\$ _____
Onsite Registration (after November 30)	FM <input type="checkbox"/> \$810	FN <input type="checkbox"/> \$1190	\$ _____
<input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$390	RN <input type="checkbox"/> \$520	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$390	TN <input type="checkbox"/> \$520	\$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$325	SN <input type="checkbox"/> \$455	\$ _____
Graduation date required to qualify for student fees: _____			
<input type="checkbox"/> Retired Fee	FR <input type="checkbox"/> \$410	FR <input type="checkbox"/> \$535	\$ _____

Not a member? Visit www.ashp.org and select “**join now**” to join before you register and you could save more than the cost of your membership!

PRE-MEETING WORKSHOPS

You must register by November 27th and be a full Midyear Meeting registrant to attend pre-meeting workshops. Pre-meeting workshop registrations may be available on-site at a higher rate if space is available. All full day workshops include lunch.

01WK	Residency Program Design and Conduct (RPDC) —Saturday, December 2, 8:00 a.m. – 5:00 p.m. Registration is limited.		
	Select only one of the following options:		
	01WKA <input type="checkbox"/> RPDC A: PGY1 New Programs (80 participants)	<input type="checkbox"/> \$370	\$ _____
	01WKB <input type="checkbox"/> RPDC B: PGY1 Existing Programs (100 participants)	<input type="checkbox"/> \$370	\$ _____
	01WKC <input type="checkbox"/> RPDC C: PGY2 New and Existing Programs (80 participants)	<input type="checkbox"/> \$370	\$ _____
02WK	Basic Statistics: A Non-Threatening Approach to the Use of Statistics in Clinical Trials 2017	<input type="checkbox"/> \$370	\$ _____
	Sunday, December 3, 8:00 a.m.–5:00 p.m. Registration is limited to 40 participants.		

ONE-DAY REGISTRATION FEES

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

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday and Thursday	
<input type="checkbox"/> OM One Day, Member \$350/day	<input type="checkbox"/> ON One Day, Non-member \$535/day			\$ _____

SPECIALTY BOARD RECERTIFICATION

Throughout the Midyear, certain education sessions will be designated for recertification credit in the following areas: Ambulatory Care Pharmacy (BCACP), Critical Care Pharmacy (BCCCP), Geriatric Pharmacy (BCGP), Oncology Pharmacy (BCOP), Pediatric Pharmacy (BCPPS), and Pharmacotherapy (BCPS). Any Midyear learner may attend the live sessions; however, attendees seeking recertification credit must select a package below (additional fee). Each package includes the recorded sessions plus the recertification assessments (4–6 hours, depending upon specialty). Recertification hours will apply to the year in which the assessment is completed.

<input type="checkbox"/> MCM17AMIS	BCACP* Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM17CCIS	BCCCP Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM17GPIS	BCGP Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM17OPIS	BCOP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM17PEIS	BCPPS Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM17PCIS	BCPS Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____

* Developed in partnership with the American Pharmacists Association (APhA).

** Developed in partnership with the American College of Clinical Pharmacy (ACCP).

Please note that the BCOP Clinical Sessions were previously presented in October 2017 at the ACCP Annual Meeting. Learners may only claim credit once.

TOTAL FEES \$ _____

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Registration with any meeting or event associated with the 2017 ASHP Midyear Clinical Meeting and Exhibition implies consent and understanding of ASHP’s Code of Conduct Policy and Photo Waiver. To read these documents, visit the REGISTER tab on the Midyear Clinical Meeting website.