

MEETING REGISTRATION FORM



June 2-6, 2018
Colorado Convention Center
Denver, Colorado

IMPORTANT DATES May 24: Mail and fax registrations must be received.
May 28: Online and phone registration closes.

Register at summer.ashp.org

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: _____

Complete both sides of this form.

Register and view the most updated meeting information at summer.ashp.org

METHOD OF PAYMENT

Charge to: MasterCard VISA AmEx Discover

TOTAL (from other side) \$ _____

SM18

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 at summer.ashp.org

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

ASHP 2018 Summer Meetings 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 May 24, 2018 (postmark or fax date).

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.

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SUMMER MEETING FEES

Registration fees include all education sessions from any meeting (AC², MSC, I², Pharmacy Practice & Policy); exhibit program; Grand Opening Reception; and lunch on Monday/Tuesday.

| | ASHP Member | Non-member | |
|--|------------------------------------|-------------------------------------|----------|
| <input type="checkbox"/> Full Registration Fee | | | |
| Early Bird Registration (on or before April 26) | FM <input type="checkbox"/> \$660 | FN <input type="checkbox"/> \$1065 | \$ _____ |
| Advance Registration (April 27–May 29) | FM <input type="checkbox"/> \$730 | FN <input type="checkbox"/> \$1130 | \$ _____ |
| Onsite Registration (after May 29) | FM <input type="checkbox"/> \$835 | FN <input type="checkbox"/> \$1435 | \$ _____ |
| <input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs) | RM <input type="checkbox"/> \$420 | RN <input type="checkbox"/> \$485 | \$ _____ |
| <input type="checkbox"/> Pharmacy Technician Fee | TM <input type="checkbox"/> \$420 | TN <input type="checkbox"/> \$485 | \$ _____ |
| <input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students) | SM <input type="checkbox"/> \$260 | SN <input type="checkbox"/> \$325 | \$ _____ |
| Graduation date required to qualify for student fees: _____ | | | |
| <input type="checkbox"/> Retired Fee | FRM <input type="checkbox"/> \$420 | FRN <input type="checkbox"/> \$485 | \$ _____ |
| <input type="checkbox"/> Physician/Nurse (Flat rate) | | MDRN <input type="checkbox"/> \$725 | \$ _____ |

ONE DAY REGISTRATION FEES

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

- Sunday
 Monday
 Tuesday
 Wednesday
\$ _____
- OM One Day, **Member** \$360/day
 ON One Day, **Non-member** \$525/day

CHOOSE YOUR PRIMARY MEETING

Please select one of our four concurrent meetings to be your primary boutique. All attendees will still have complete and total access to all sessions and events happening at any of the four meetings.



Medication Safety Collaborative



I²: Informatics Institute



Pharmacy Practice & Policy



AC²: Ambulatory Care Conference

SPECIAL EVENTS

- Harvey A.K. Whitney Lecture Award and Dinner**
 \$135 x _____ tickets
\$ _____
- Additional tax-deductible donation to the ASHP Research and Education Foundation
\$ _____

**Tickets for the Grand Opening Reception and tickets for daily lunches are available for purchase onsite only*

Registration with any meeting or event associated with the ASHP 2018 Summer Meetings and Exhibition implies consent and understanding of ASHP's Code of Conduct Policy and Photo Waiver. To read these documents visit, summer.ashp.org/register

TOTAL FEES \$ _____

SM18