

# 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](http://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](http://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](http://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 (AC<sup>2</sup>, MSC, I<sup>2</sup>, Pharmacy Practice & Policy); exhibit program; Grand Opening Reception; and lunch on Monday/Tuesday.

	ASHP Member	Non-member	
<input type="checkbox"/> <b>Full Registration Fee</b>			
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"/> <b>Resident Fee</b> (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$420	RN <input type="checkbox"/> \$485	\$ _____
<input type="checkbox"/> <b>Pharmacy Technician Fee</b>	TM <input type="checkbox"/> \$420	TN <input type="checkbox"/> \$485	\$ _____
<input type="checkbox"/> <b>Student Fee</b> (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$260	SN <input type="checkbox"/> \$325	\$ _____
<b>Graduation date required to qualify for student fees:</b> _____			
<input type="checkbox"/> <b>Retired Fee</b>	FRM <input type="checkbox"/> \$420	FRN <input type="checkbox"/> \$485	\$ _____
<input type="checkbox"/> <b>Physician/Nurse</b> (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



I<sup>2</sup>: Informatics Institute



Pharmacy Practice & Policy



AC<sup>2</sup>: 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](http://summer.ashp.org/register)

**TOTAL FEES** \$ \_\_\_\_\_

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