

Meeting Registration Form

50th ASHP Midyear Clinical Meeting & Exhibition

December 6–10, 2015 | New Orleans Ernest N. Morial Convention Center | New Orleans, Louisiana

Register in advance and **SAVE!** Important registration deadlines:

October 22: Early Bird registration discounts end

November 30: Mail, fax, and phone registrations must be received by ASHP

December 3: Online registrations must be received before midnight, EDT

(Onsite registration will be available at an increased rate)



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 www.ashp.org/midyear to plan your days.

METHOD OF PAYMENT

Charge to: MasterCard VISA AmEx Discover

TOTAL (from other side) \$ _____

MCM15

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**
www.ashp.org/midyear
(It's the quick and easy way to go!)
- 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.

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

ARRANGEMENTS FOR SPECIAL ASSISTANCE

If you have any disability for which you may require an auxiliary aid or special service while attending this meeting, please contact the Conferences & Convention Division at ASHP, 301-664-8721 or ccd@ashp.org by November 6, 2015.

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.

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 22)	FM <input type="checkbox"/> \$630	FN <input type="checkbox"/> \$975*	\$ _____
Regular Registration (October 23–December 3)	FM <input type="checkbox"/> \$690	FN <input type="checkbox"/> \$1035*	\$ _____
Onsite Registration (after December 3)	FM <input type="checkbox"/> \$745	FN <input type="checkbox"/> \$1090*	\$ _____
<input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$360	RN <input type="checkbox"/> \$480*	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$360	TN <input type="checkbox"/> \$480	\$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$300	SN <input type="checkbox"/> \$415	\$ _____
Graduation date required to qualify for student fees: _____			
<input type="checkbox"/> Retired Fee	FR <input type="checkbox"/> \$375	FR <input type="checkbox"/> \$490	\$ _____

*BONUS MEMBERSHIP FOR NON-MEMBERS

Non-member full meeting registrants and residents with a U.S. address are eligible to become members of ASHP for 6 months!

Membership includes *AJHP*®, *Intersections*, *Newslink*, Section membership, CE, discounts on future meetings, pharmacy publications and software, and much more!

- Please check here if you would like to take advantage of this offer. An email confirmation for your 6-month membership will be sent following your completed meeting registration. Upon receiving this email you can complete your membership enrollment, including selecting your Sections.

E-mail (required for enrollment): _____

PRE-MEETING WORKSHOPS

You must register by November 30th 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 5, 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"/> \$340	\$ _____
01WKB <input type="checkbox"/> RPDC B: PGY1 Existing Programs (100 participants)	<input type="checkbox"/> \$340	\$ _____
01WKC <input type="checkbox"/> RPDC C: PGY2 New and Existing Programs (80 participants)	<input type="checkbox"/> \$340	\$ _____

02WK Basic Statistics: A Non-Threatening Approach to the Use of Statistics in Clinical Trials 2015 \$340 \$ _____

Sunday, December 6, 8:00 a.m.–5:00 p.m. Registration is limited to 40 participants.

SPECIAL EVENTS

Wednesday Evening Event (Included in all **full** registration fees) \$42 x _____ tickets \$ _____

Additional tax-deductible donation to the ASHP Research and Education Foundation \$ _____

ONE-DAY REGISTRATION FEES

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

Sunday Monday Tuesday Wednesday and Thursday \$ _____

OM One Day, **Member** \$320/day ON One Day, **Non-member** \$490/day

PHARMACY SPECIALTY RECERTIFICATION

Throughout The Midyear, certain education sessions will be designated for recertification credit in the following areas: BCPS, BCACP, and CGP.

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 test (6hrs). Instructions on how to access the package will be sent by February 3.

<input type="checkbox"/> MCM15AMIS	BCACP Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM15PCIS	BCPS Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM15GPIS	CGP Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____

*The recorded Intensive Study Packages will be available to non-Midyear attendees after February 3 at a significantly increased price.

TOTAL FEES \$ _____