# **ASHP Geriatric Pharmacy Review and Recertification Registration Form**



## **ASHP Geriatric Pharmacy Review and Recertification Course**

December 3–4, 2016 | Mandalay Bay Convention Center | Las Vegas, Nevada

#### **Register in advance and SAVE!**

Register on or before December 1, 2016, to take advantage of special early bird discount rates. Register at www.ashp.org/boardreview2016

#### **REGISTRATION INFORMATION**

Please provide home and business information and check preferred address for correspondence.									
ASHP ID Number (if applicable):									
		MIDDLE							
Title:	FIRST	MIDDLE	LAST						
Home Address:	STREET								
Business Name:	CITY	STATE	ZIP						
Business Address:				ZIP					
		Fax:							
E-mail (required for mee	ting confirmation):								

### ASHP'S LIVE GERIATRIC PHARMACY REVIEW AND RECERTIFICATION COURSE

December 3-4, 2016 I 7:30 a.m. - 6:00 p.m.

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

**Basic Review Course:** includes live course with handouts (PDF); Statistics Core Therapeutic Module; Ch 3 from *Fundamentals of Geriatric Pharmacotherapy*; and practice exam

**Premium Review Package** *BEST VALUE:* includes live course with handouts (PDF); Statistics Core Therapeutic Module; online course; *Fundamentals of Geriatric Pharmacotherapy, Second Edition;* and practice exam

**Recertification Package:** includes live course and recertification exam (for those seeking recertification only)

#### Please check one.

ASHP Member Basic Premium Package	On or before Dec. 1	Onsite □ \$675 □ \$855	<u>_</u>
Recertification Packa	ge 🗅 \$575	□ \$725	\$
Nonmember			
Basic	🗅 \$820	🗅 \$980	
Premium Package	🗅 \$1025	🗅 \$1150	
Recertification Packa	ge 🗳 \$870	🗅 \$1030	\$
Resident Member			
Basic	□ \$250	□ \$300	
Premium Package	□ \$400	🗅 \$450	\$
Resident Nonmember			
Basic	□ \$350	□ \$400	
Premium Package	□ \$500	□ \$550	\$
		TOTAL FEES	\$ GPMCM16

Registration with any meeting or event associated with the 2016 ASHP Midyear Clinical Meeting and Exhibition implies consent and understanding of ASHP's Code of Conduct Policy and Photo Waiver. Read these documents.

#### 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:

## FOUR WAYS TO REGISTER

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www.ashp.org/boardreview2016 or 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. ASHP Payment Center, P.O. Box 17693, Baltimore, MD 21297

## **REGISTRATION CANCELLATION AND REFUNDS**

All course cancellations are subject to a \$75 handling charge. No refunds will be offered after December 1, 2016.

#### METHOD OF PAYMENT

- Enclosed is my check or money order made payable to ASHP and drawn on a U.S. Bank.
- Enclosed is my U.S. purchase order number #\_\_\_\_\_\_ Please issue invoice.

Charge \$	to my:	MasterCard	VISA	
		🗅 AmEx	Discover	
Card #:			Exp. 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.

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.