

# ASHP Pharmacotherapy Review and Recertification Registration Form



## ASHP Pharmacotherapy 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](http://www.ashp.org/boardreview2016)

### REGISTRATION INFORMATION

Please provide home and business information and check preferred address for correspondence.

ASHP ID Number (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Title: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

Home Address: \_\_\_\_\_

STREET

CITY STATE ZIP

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

STREET CITY STATE ZIP

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (required for meeting confirmation): \_\_\_\_\_

**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:

### ASHP'S LIVE PHARMACOTHERAPY REVIEW AND RECERTIFICATION COURSE

December 3–4, 2016 | 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); and practice exam

**Premium Review Package BEST VALUE:** includes live course with handouts (PDF); online course; core therapeutic module package; and practice exam

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

Please check one.

ASHP Member	On or before Dec. 1	Onsite	
Basic	<input type="checkbox"/> \$525	<input type="checkbox"/> \$675	
Premium Package	<input type="checkbox"/> \$730	<input type="checkbox"/> \$855	
Recertification Package	<input type="checkbox"/> \$575	<input type="checkbox"/> \$725	\$ _____

Nonmember			
Basic	<input type="checkbox"/> \$820	<input type="checkbox"/> \$980	
Premium Package	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1150	
Recertification Package	<input type="checkbox"/> \$870	<input type="checkbox"/> \$1030	\$ _____

Resident Member			
Basic	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	
Premium Package	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	\$ _____

Resident Nonmember			
Basic	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	
Premium Package	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	\$ _____

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

PCMCM16

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.

### FOUR WAYS TO REGISTER

- ONLINE**  
[www.ashp.org/boardreview2016](http://www.ashp.org/boardreview2016) or [www.ashp.org/midyear](http://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.*