Conference Registration Form

ASHP 2015 National Pharmacy Preceptors Conference
August 20–22, 2015 I Washington Hilton Hotel I Washington, DC

Important! Pre-conference registration closes August 6. All pre-registrations must be received by ASHP on or before that date. After August 6 registration for the National Pharmacy Preceptors Conference is ONSITE only.

Registration Information (please type or print clearly)
To guarantee member pricing, you must include your membership number below. □ Check here if this is a new address.

ASHP ID Number _____________________________________________________________

Name ________________________________________________________________
FIRST MIDDLE LAST

Title __________________________ Name for Badge _________________

Home Address ____________________________________________________________

City/State/Zip __________________________

Employer/School (required) ______________________________________________________

Employer/School Address ______________________________________________________

City/State/Zip __________________________

Daytime Phone: ( _______ ) __________________________ Fax ( _______ ) ____________

Email addresses are required for confirmation of conference registration.

Email (necessary 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: __________________________

Method of Payment

□ Charge to: □ MasterCard □ VISA
□ American Express □ Discover

Account #: __________________________

Expiration Date: __________________________

Signature: __________________________

□ Check or money order payable to ASHP attached.
Checks must be drawn on a U.S. bank in U.S. funds.

□ Attached is Purchase order #: __________________________

Four Ways to Register

□ ONLINE at www.ashp.org/preceptors
(It’s the quick and easy way to go!)

□ CALL TOLL-FREE 1-866-279-0681, Mon–Fri, 8 am–6 pm 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.)

Mail to:
ASHP Payment Center
P.O. Box 17893
Baltimore, MD 21297

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### Conference Fees
(Please check one.)

<table>
<thead>
<tr>
<th>Category</th>
<th>ASHP Member</th>
<th>Non-member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Registration Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advance Registration (On or before July 9)</td>
<td>FM ❑ $430</td>
<td>FN ❑ $615</td>
</tr>
<tr>
<td>Regular and On-site Registration (July 10 and after)</td>
<td>FM ❑ $500</td>
<td>FN ❑ $735</td>
</tr>
<tr>
<td>Resident Fee (Pharmacy residents in ASHP-or Canadian-accredited programs)</td>
<td>RM ❑ $285</td>
<td>RN ❑ $375</td>
</tr>
<tr>
<td>Pharmacy Technician Fee</td>
<td>TM ❑ $285</td>
<td>TN ❑ $375</td>
</tr>
<tr>
<td>Student Fee (Full-time undergraduate or postgraduate pharmacy students)</td>
<td>SM ❑ $285</td>
<td>SN ❑ $375</td>
</tr>
</tbody>
</table>

Graduation date required to qualify for student fees: __________________

**One-Day Registration Fees**

Please indicate which day(s) you will be attending.

<table>
<thead>
<tr>
<th>Day</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday**</td>
<td>$375/day</td>
</tr>
<tr>
<td>Saturday</td>
<td>$510/day</td>
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</tbody>
</table>

**One-day Registration is not available for Thursday**

### Pre-Conference Workshops

*You must be a conference registrant and register by August 6 to attend workshops. Full day workshops include Continental Breakfast, Lunch, and Break.*

**01WK Residency Program Design and Conduct (RPDC)** (select one)

- Thursday, August 20, 8:00 am–5:00 pm

  - 01WKA ❑ PGY1 New Programs *(Limited to the first 80 registrants)*
  - 01WKB ❑ PGY1 Existing Program *(Limited to the first 100 registrants)*
  - 01WKC ❑ PGY2 New and Existing *(Limited to the first 80 registrants)*
  - 01WKD ❑ Community Practice Programs *(Limited to the first 25 registrants)*

### Registration Cancellations and Refunds

To receive a full refund, confirmed registrations must be cancelled in writing on or before August 6, 2015 (postmark or fax date). Written cancellations postmarked or faxed August 7–August 19, 2015 will be subject to a $50 handling charge. Refunds will only be issued for cancellations postmarked or faxed before August 20, 2015. Customer service fax number is 1-301-657-1251.

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