Conference Registration Form

ASHP 2016 National Pharmacy Preceptors Conference
August 11–13, 2016 | Washington Hilton Hotel | Washington, DC

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) ____________________________________________

ASHP does not sell or distribute email addresses of members, subscribers, or other customers.

Mail confirmation to:  
❑ Home address  
❑ Business 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:  
__________________________________________

Important! Pre-conference registration closes July 28th. All pre-registrations must be received by ASHP on or before that date. After July 28 registration for the National Pharmacy Preceptors Conference is ONSITE only.

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.

❑ Purchase order # ____________________________ please issue an invoice.

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.)

- **Full Registration Fee**
  - Advance Registration (On or before June 30th)
    - ASHP Member: $460
    - Non-member: $660
  - Regular and On-site Registration (July 1 and after)
    - ASHP Member: $540
    - Non-member: $790

- **Resident Fee** (Pharmacy residents in ASHP- or Canadian-accredited programs)
  - ASHP Member: $305
  - Non-member: $405

- **Pharmacy Technician Fee**
  - ASHP Member: $305
  - Non-member: $405

- **Student Fee** (Full-time undergraduate or postgraduate pharmacy students)
  - Graduation date required to qualify for student fees: __________________
  - ASHP Member: $305
  - Non-member: $405

One-Day Registration Fees

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

- **Friday**
  - MO: One Day, Member $405/day
  - Total: $ __________

- **Saturday**
  - ON: One Day, Non-member $550/day
  - Total: $ __________

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

Pre-Conference Workshops

You must be a conference registrant and register by July 28 to attend workshops. Full day workshops include Continental Breakfast, Lunch, and Break.

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

01WKA **PGY1** New Programs *(Limited to the first 80 registrants)*

01WKB **PGY1** Existing Programs *(Limited to the first 100 registrants)*

01WKC **PGY2** New and Existing Programs *(Limited to the first 80 registrants)*

01WKD **PGY1** Community-Based Programs *(Limited to the first 25 registrants)*

Registration Cancellations, Refunds and Policies

All meeting cancellations are subject to a $75 handling charge.

NO REFUNDS will be issued after July 28, 2016 (postmark or fax date)

Registration with any meeting or event associated with the 2016 ASHP National Pharmacy Preceptors Conference implies consent and understanding of ASHP’s Code of Conduct Policy and Photo Waiver.

To read these documents visit, www.ashp.org/NPPC

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