

2017 Board Review and Recertification Registration Form



ASHP Board Review and Recertification Courses

June 3–4, 2017 | Hilton Minneapolis | Minneapolis, Minnesota

Register in advance and **SAVE!**

Register on or before April 27, 2017, to take advantage of special early bird discount rates.

Register at www.ashp.org/boardreview2017

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 BOARD REVIEW AND RECERTIFICATION COURSES

June 3–4, 2017 | 7:30 a.m. – 6:00 p.m.

Please select the Board Certification Specialty in which you will be participating.

- Pharmacotherapy (PCSM17) Critical Care (CCSM17)
 Ambulatory Care* (AMSM17) Pediatric Pharmacy (PDSM17)

Please select your member category and package below.

You must select between the **Basic Review Course**, the **Premium Review Package**, or the **Recertification Package**. Check only one.

Basic Review Course: includes live course and practice exam

Premium Review Package *BEST VALUE*: includes live course, online course, core therapeutic module package, and practice exam

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

Please check one.

On or before April 27 April 28 and after

ASHP Member

Basic Review Course	<input type="checkbox"/> \$525	<input type="checkbox"/> \$675	
Premium Review Package	<input type="checkbox"/> \$730	<input type="checkbox"/> \$855	
Recertification Package	<input type="checkbox"/> \$575	<input type="checkbox"/> \$725	\$ _____

Nonmember

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

Resident Member

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

Resident Nonmember

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

*Ambulatory Care is offered in a partnership between ASHP and APhA.

Registration with any meeting or event associated with the 2017 ASHP Summer Meetings and Exhibition implies consent and understanding of ASHP's Code of Conduct Policy and Photo Waiver. To read these documents visit, www.ashp.org/smregister

FOUR WAYS TO REGISTER

- ONLINE**
www.ashp.org/boardreview2017
or www.ashp.org/summermeetings
(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 meeting cancellations are subject to a \$75 handling charge.
No refunds will be offered after May 25, 2017.

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.