

MEETING REGISTRATION FORM



June 8–12, 2019
John B. Hynes Veterans Memorial Convention Center
Boston, Massachusetts

IMPORTANT DATES **April 25:** Early Bird deadline.
May 30: Mail and fax registrations must be received.
June 4: Online and phone registration closes.

Register at summer.ashp.org

REGISTRATION INFORMATION

Please type or print clearly.

ASHP ID Number: _____

Name: _____
FIRST MIDDLE LAST

Title: _____

Name for Badge: _____

Home Address: _____
STREET

CITY STATE ZIP

Employer/School (required): _____

Employer/School Address: _____
STREET

CITY STATE ZIP

Daytime Phone: _____ Fax: _____

E-mail (required for meeting confirmation): _____

Graduation Date (requested for all, required for students and residents): _____

Check here if this is a new address.

By registering for this meeting, you agree that the information provided on this form may be stored and/or transmitted in accordance with ASHP's privacy policy, available at www.ashp.org/Privacy-Policy.

What is your primary position?
(please check one)

- Director
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist–General
- Clinical Pharmacist–Specialist
- Faculty
- Resident
- Student
- Technician
- Physician
- Nurse
- Medication/Patient Safety Officer
- Informatics/Technology Specialist
- Other: _____

Complete both sides of this form. Register and view the most updated meeting information at summer.ashp.org

METHOD OF PAYMENT

Charge to: MasterCard VISA AmEx Discover

TOTAL (from other side) \$ _____

SM19

Card #: _____

Expiration 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 incurred pursuant to this meeting registration.

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

Purchase order #: _____ attached.
Please issue invoice.

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.

FOUR WAYS TO REGISTER

ONLINE at summer.ashp.org

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 2019 Summer Meetings Registration
ASHP Payment Center
P.O. Box 17693, Baltimore, MD 21297

CANCELLATION POLICY

All meeting cancellations are subject to a \$75 handling charge.
NO REFUNDS will be issued after May 24, 2019 (postmark or fax date).

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SUMMER MEETING FEES

Registration fees include all education sessions from any of the four consecutive communities; exhibit program; Grand Opening Reception; and lunch on Monday/Tuesday.

	ASHP Member	Non-member	
<input type="checkbox"/> Full Registration Fee			
Early Bird Registration (on or before April 25)	FM <input type="checkbox"/> \$695	FN <input type="checkbox"/> \$1120	\$ _____
Advance Registration (April 26–June 4)	FM <input type="checkbox"/> \$765	FN <input type="checkbox"/> \$1190	\$ _____
Onsite Registration (after June 4)	FM <input type="checkbox"/> \$880	FN <input type="checkbox"/> \$1505	\$ _____
<input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$440	RN <input type="checkbox"/> \$510	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$440	TN <input type="checkbox"/> \$510	\$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students) Graduation date required to qualify for student fees: _____	SM <input type="checkbox"/> \$275	SN <input type="checkbox"/> \$340	\$ _____
<input type="checkbox"/> Retired Fee	FRM <input type="checkbox"/> \$440	FRN <input type="checkbox"/> \$485	\$ _____
<input type="checkbox"/> Physician/Nurse (Flat rate)		MDRN <input type="checkbox"/> \$760	\$ _____

ONE DAY REGISTRATION FEES

Please indicate which day(s) you will be attending (includes meeting sessions and exhibits only).

- Sunday Monday Tuesday Wednesday \$ _____
 OM One Day, **Member** \$380/day ON One Day, **Non-member** \$550/day

CHOOSE YOUR PRIMARY MEETING

Please select one of our four concurrent meetings to be your primary community. All attendees will still have complete and total access to all sessions and events happening at any of the four meetings.



Influencers and Innovators



Medication Safety Collaborative



Ambulatory Care Conference



Specialty Pharmacy

SPECIAL EVENTS

- Harvey A.K. Whitney Lecture Award and Dinner** \$145 x _____ tickets \$ _____
 Additional tax-deductible donation to the ASHP Research and Education Foundation \$ _____

**Tickets for the Grand Opening Reception and tickets for daily lunches are available for purchase onsite only*

Registration with any meeting or event associated with the ASHP 2019 Summer Meetings and Exhibition implies consent and understanding of ASHP's Code of Conduct Policy and Photo Waiver. To read these documents visit, summer.ashp.org/register

TOTAL FEES \$ _____

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