Meeting Registration Form

June 6–10, 2020
Washington State Convention Center
Seattle, Washington

Important Dates
April 23: Early Bird deadline.
May 28: Mail and fax registrations must be received.
June 2: Online and phone registration closes.

Register at summer.ashp.org

Registration Information

Please type or print clearly.

ASHP ID Number: ___________________________________________________________________

Name: _____________________________________________________________________________

Title: _____________________________________________________________________________

Name for Badge: ___________________________________________________________________

Home Address: _____________________________________________________________________

Employer/School (required): _____________________________________________________________________________

Employer/School Address: _____________________________________________________________________________

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.

Method of Payment

Charge to: ☐ MasterCard ☐ VISA ☐ AmEx ☐ Discover

TOTAL (from other side) $ ______________________

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.

☐ Purchase order #: ______________________ attached.

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
P.O. Box 38069
Baltimore, MD 21297-8069

Cancellation Policy

All meeting cancellations are subject to a $75 handling charge. NO REFUNDS will be issued after May 22, 2020 (postmark or fax date).

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.

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/Fellow
☐ 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.
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

**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.

- **Full Registration Fee**
  - Early Bird Registration (on or before April 23)
  - Advance Registration (April 24–June 2)
  - Registration (after June 2)

- **Resident/Fellow Fee**
- **Pharmacy Technician Fee**
- **Student Fee** (Full-time undergraduate or postgraduate pharmacy students)
  - Graduation date required to qualify for student fees: ________________

- **Retired Fee**
- **Physician/Nurse** (Flat rate)

**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** $395/day
- ON One Day, **Non-member** $575/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.

**SPECIALTY CERTIFICATION**

Throughout the Summer Meetings, certain education sessions will be designated for Compounded Sterile Preparations Pharmacy (BCSCP) recertification credit. Any attendee may attend the live sessions; however, attendees seeking recertification credit must select the package below (additional fee). Each package includes the recorded sessions plus the recertification assessments (4 hours). Recertification hours will apply to the year in which the assessment is completed.

- **SM20SCIS BCSCP Intensive Sessions Recertification Package**
  - $50

**SPECIAL EVENTS**

- Harvey A.K. Whitney Lecture Award and Dinner
  - $150 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

By registering for this meeting you consent to ASHP’s Code of Conduct Policy and Photo Waiver, and 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.

**TOTAL FEES** $___________