

# 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](http://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.

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](http://summer.ashp.org)

## METHOD OF PAYMENT

Charge to:  MasterCard  VISA  AmEx  Discover

TOTAL (from other side) \$ \_\_\_\_\_

SM20

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](http://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).

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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"/> <b>Full Registration Fee</b>			
Early Bird Registration (on or before April 25)	FM <input type="checkbox"/> \$720	FN <input type="checkbox"/> \$1165	\$ _____
Advance Registration (April 26–June 4)	FM <input type="checkbox"/> \$795	FN <input type="checkbox"/> \$1240	\$ _____
Onsite Registration (after June 4)	FM <input type="checkbox"/> \$915	FN <input type="checkbox"/> \$1565	\$ _____
<input type="checkbox"/> <b>Resident/Fellow Fee</b>	RM <input type="checkbox"/> \$455	RN <input type="checkbox"/> \$530	\$ _____
<input type="checkbox"/> <b>Pharmacy Technician Fee</b>	TM <input type="checkbox"/> \$455	TN <input type="checkbox"/> \$530	\$ _____
<input type="checkbox"/> <b>Student Fee</b> (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$285	SN <input type="checkbox"/> \$355	\$ _____
<b>Graduation date required to qualify for student fees:</b> _____			
<input type="checkbox"/> <b>Retired Fee</b>	FRM <input type="checkbox"/> \$455	FRN <input type="checkbox"/> \$530	\$ _____
<input type="checkbox"/> <b>Physician/Nurse</b> (Flat rate)		MDRN <input type="checkbox"/> \$790	\$ _____

## 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.



**Influencers and Innovators**



**Medication Safety Collaborative**



**Ambulatory Care Conference**



**Specialty Pharmacy**

## 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](http://www.ashp.org/Privacy-Policy).

**TOTAL FEES**    \$ \_\_\_\_\_

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