

# ASHP Pharmacotherapy Review and Recertification Course Registration Form



## ASHP Pharmacotherapy Review and Recertification Course

December 3–4, 2022 | Mandalay Bay Convention Center | Las Vegas, Nevada

### Register in advance and SAVE!

Register on or before October 14, 2022, to take advantage of special early bird discount rates.

Register at [www.ashp.org/boardreview2022](http://www.ashp.org/boardreview2022)

### 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

Employer: \_\_\_\_\_

CITY STATE ZIP

Employer Address: \_\_\_\_\_

STREET CITY STATE ZIP

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CITY STATE ZIP

E-mail (required for meeting confirmation): \_\_\_\_\_

By registering for this meeting, you agree to receive marketing and informational emails from ASHP and its partners for products and services, and agree that any information you provide may be stored, processed and/or transmitted by ASHP and its service providers in accordance with the ASHP Privacy Policy, available to view at [www.ashp.org/privacy-policy](http://www.ashp.org/privacy-policy).

### What is your primary position? (please check one)

- Director of Pharmacy/  
Chief Pharmacy Officer
- Director
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist—General
- Clinical Pharmacist—Specialist
- Faculty
- Resident/Fellow
- Student
- Technician
- Medication/Patient Safety Officer
- Informatics/Technology Specialist
- Other: \_\_\_\_\_

### ASHP'S LIVE PHARMACOTHERAPY REVIEW AND RECERTIFICATION COURSE

December 3–4, 2022 | 7:30 a.m.–6:25 p.m.

Please select your member category and package below.

You must select between the **Review Package** or the **Recertification Package**.

#### Check only one.

**Review Package:** includes live course with educational materials (PDF); recorded course; core therapeutic module package; and practice exam

**Recertification Package:** includes live course with educational materials (PDF), recorded course, recertification assessment, and the 5 hour core therapeutic module for recertification package (for recertification only)

#### Please check one.

ASHP Member	On or before October 14	October 15 and after	
Review Package	<input type="checkbox"/> \$550	<input type="checkbox"/> \$660	\$ _____
Recertification Package	<input type="checkbox"/> \$550	<input type="checkbox"/> \$660	\$ _____
<b>Nonmember</b>			
Review Package	<input type="checkbox"/> \$690	<input type="checkbox"/> \$830	\$ _____
Recertification Package	<input type="checkbox"/> \$690	<input type="checkbox"/> \$830	\$ _____
<b>Resident Member</b>			
Review Package	<input type="checkbox"/> \$275	<input type="checkbox"/> \$330	\$ _____
<b>Resident Nonmember</b>			
Review Package	<input type="checkbox"/> \$345	<input type="checkbox"/> \$415	\$ _____

**TOTAL FEES** \$ \_\_\_\_\_

PCMCM22

### THREE WAYS TO REGISTER

- ONLINE** [www.ashp.org/boardreview2022](http://www.ashp.org/boardreview2022)  
(It's the quick and easy way to go!)
- CALL TOLL-FREE 1-866-279-0681**, Mon.–Fri. 8 a.m.–6 p.m. ET  
International: **001-301-664-8700**
- 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 38069, Baltimore, MD 21297-8069

### REGISTRATION CANCELLATIONS, REFUNDS AND POLICIES

All meeting cancellations are subject to a \$75 handling charge. NO REFUNDS will be issued after November 18, 2022 (postmark or fax date). In the event that the in-person meeting is canceled, ASHP will provide a full refund. The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in any ASHP in-person or virtual meeting or event. To read these documents, visit [midyear.ashp.org](http://midyear.ashp.org).

### 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.