

Meeting Registration Form

54th ASHP Midyear Clinical Meeting & Exhibition

December 8 – 12, 2019 | Mandalay Bay Convention Center | Las Vegas, Nevada

Important registration deadlines:

October 24: Early Bird registration discounts end

December 2: Mail, fax, and phone registrations must be received by ASHP

December 5: Online registrations must be received before midnight (Onsite registration will be available at an increased rate)

**Register
in advance
and
SAVE!**

REGISTRATION INFORMATION

Please type or print clearly.

ASHP ID Number: _____

Name: _____

FIRST

MIDDLE

LAST

Title: _____

Name for Badge: _____

Home Address: _____

STREET

Employer/School (required): _____

CITY

STATE

ZIP

Employer/School Address: _____

STREET

Daytime Phone: _____ Fax: _____

CITY

STATE

ZIP

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)**

- A ☐ Director
☐ Associate or Assistant Director
☐ Clinical Coordinator
☐ Other Supervisory Position
- B ☐ Staff Pharmacist
☐ Clinical Pharmacist-General
☐ Clinical Pharmacist-Specialist
☐ Faculty
- C ☐ Resident/Fellow
- D ☐ Student
- E ☐ Technician
☐ Physician
☐ Nurse
☐ Medication/Patient Safety Officer
☐ Informatics/Technology Specialist
☐ Other:

Customize your experience. Take advantage of pre-meeting workshops and special events.
Complete both sides of this form, then check the meeting website **midyear.ashp.org** to plan your days.

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

METHOD OF PAYMENT

☐ Charge to: ☐ MasterCard ☐ VISA ☐ AmEx ☐ Discover

TOTAL (from other side) \$ _____

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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.

FOUR WAYS TO REGISTER

ONLINE: **midyear.ashp.org**

CALL TOLL-FREE 1-866-279-0681, Mon.–Fri. 8 a.m.–6 p.m. ET
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.

American Society of Health-System Pharmacists
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 November 25, 2019 (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.

MIDYEAR CLINICAL MEETING

Registration includes meeting sessions, exhibits, and both plenaries. Please check one.

<input type="checkbox"/> Full Registration Fee	ASHP Member	Non-member
Advance Registration (on or before October 24)	FM <input type="checkbox"/> \$725	FN <input type="checkbox"/> \$1120 \$ _____
Regular Registration (October 25–December 5)	FM <input type="checkbox"/> \$795	FN <input type="checkbox"/> \$1190 \$ _____
Onsite Registration (December 6 and after)	FM <input type="checkbox"/> \$850	FN <input type="checkbox"/> \$1250 \$ _____
<input type="checkbox"/> Resident Fee (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> \$410	RN <input type="checkbox"/> \$545 \$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$410	TN <input type="checkbox"/> \$545 \$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> \$340	SN <input type="checkbox"/> \$480 \$ _____
Graduation date required to qualify for student fees: _____		
<input type="checkbox"/> Retired Fee	FR <input type="checkbox"/> \$430	FR <input type="checkbox"/> \$560 \$ _____

Not a member? Visit www.ashp.org and select “join now” to join before you register and you could save more than the cost of your membership!

PRE-MEETING WORKSHOPS

You must register by December 2 and be a full Midyear Meeting registrant to attend pre-meeting workshops. Pre-meeting workshop registrations may be available on-site at a higher rate if space is available. All full day workshops include lunch.

01WK Residency Program Design and Conduct (RPDC)—Saturday, December 7, 8:00 a.m. – 5:00 p.m. Registration is limited.

Select only **one** of the following options:

01WKA <input type="checkbox"/> RPDC A: PGY1 New Programs (80 participants)	<input type="checkbox"/> \$390	\$ _____
01WKB <input type="checkbox"/> RPDC B: PGY1 Existing Programs (100 participants)	<input type="checkbox"/> \$390	\$ _____
01WKC <input type="checkbox"/> RPDC C: PGY2 New and Existing Programs (80 participants)	<input type="checkbox"/> \$390	\$ _____

02WK Basic Statistics: A Nonthreatening Approach to the Use of Statistics in Clinical Trials 2019

☐ \$390 \$ _____

Sunday, December 8, 8:00 a.m.–5:00 p.m. Registration is limited to 40 participants.

ONE-DAY REGISTRATION FEES

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

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday and Thursday
☐ OM One Day, **Member** \$370/day ☐ ON One Day, **Non-member** \$560/day \$ _____

SPECIALTY BOARD RECERTIFICATION

Throughout the Midyear, certain education sessions will be designated for recertification credit in the following areas: Ambulatory Care Pharmacy (BCACP), Critical Care Pharmacy (BCCCP), Geriatric Pharmacy (BCGP), Oncology Pharmacy (BCOP), Pediatric Pharmacy (BCPPS), and Pharmacotherapy (BCPS). Any Midyear learner may attend the live sessions; however, attendees seeking recertification credit must select a package below (additional fee). Each package includes the recorded sessions plus the recertification assessments (4–6 hours, depending upon specialty). Recertification hours will apply to the year in which the assessment is completed.

<input type="checkbox"/> MCM19AMIS	BCACP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM19CCIS	BCCCP Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM19GPIS	BCGP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM19OPIS	BCOP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM19PEIS	BCPPS Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> MCM19PCIS	BCPS Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____

****Developed in partnership with the American College of Clinical Pharmacy (ACCP).**

Please note that the BCACP, BCGP, and BCOP Clinical Sessions were previously presented in October 2019 at the ACCP Annual Meeting. Learners may only claim credit once.

TOTAL FEES \$ _____

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Registration with any meeting or event associated with the 2019 ASHP Midyear Clinical Meeting and Exhibition implies consent and understanding of ASHP's Code of Conduct Policy and Photo Waiver. To read these documents, visit the REGISTER page on the Midyear Clinical Meeting website.