

# Meeting Registration Form



**Register  
in advance  
and  
SAVE!**

## 55th ASHP Midyear Clinical Meeting & Exhibition

December 6–10, 2020 | Virtual Conference

**November 6:** Early Bird registration discount deadline

### 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.

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

**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: \_\_\_\_\_

### METHOD OF PAYMENT

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

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

MCM20

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

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

**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 December 2, 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.*

# Meeting Registration Form



## MIDYEAR CLINICAL MEETING

Registration includes access to all meeting sessions and recordings, Exhibits, Posters, Residency Showcase, PPS, and plenary speaker events.

Please check one.

<input type="checkbox"/> <b>Full Registration Fee</b>	<b>ASHP Member</b>	<b>Non-member</b>	
Early Bird Registration (on or before November 6)	FM <input type="checkbox"/> \$249	FN <input type="checkbox"/> \$634	\$ _____
Regular Registration (November 7 and after)	FM <input type="checkbox"/> \$299	FN <input type="checkbox"/> \$684	\$ _____
<input type="checkbox"/> <b>Resident/Fellow Fee</b> (Pharmacy residents in ASHP- or Canadian-accredited programs)	RM <input type="checkbox"/> FREE	RN <input type="checkbox"/> \$274	\$ _____
<input type="checkbox"/> <b>Pharmacy Technician Fee</b>	TM <input type="checkbox"/> FREE	TN <input type="checkbox"/> \$244	\$ _____
<input type="checkbox"/> <b>Student Fee</b> (Full-time undergraduate or postgraduate pharmacy students)	SM <input type="checkbox"/> FREE	SN <input type="checkbox"/> \$219	\$ _____
<b>Graduation date required to qualify for student fees:</b> _____			
<input type="checkbox"/> <b>Retired Fee</b>	FR <input type="checkbox"/> \$145	FR <input type="checkbox"/> \$363	\$ _____

**Not a member?** Visit [www.ashp.org](http://www.ashp.org) and select “join now” to join before you register and you could save more than the cost of your membership!

## 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 view 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"/> <b>MCM20AMIS</b>	BCACP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> <b>MCM20CCIS</b>	BCCCP Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> <b>MCM20GPIS</b>	BCGP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> <b>MCM20OPIS</b>	BCOP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> <b>MCM20PEIS</b>	BCPPS Intensive Study Recertification Package	<input type="checkbox"/> \$50	\$ _____
<input type="checkbox"/> <b>MCM20PCIS</b>	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 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 2020 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.