Meeting Registration Form

55th ASHP Midyear Clinical Meeting & Exhibition
December 6–10, 2020 | Virtual Conference

Important registration deadlines:
October 16: Early Bird registration discount deadline
November 20: Advanced registration discount deadline

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.

☐ 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.

REGISTRATION INFORMATION

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) $ __________________________

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
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.
# Midyear Clinical 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.

<table>
<thead>
<tr>
<th>Registration Package</th>
<th>ASHP Member</th>
<th>Non-member</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Registration Fee</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Bird Registration (on or before October 16)</td>
<td>FM $510</td>
<td>FN $895</td>
</tr>
<tr>
<td>Advanced Registration (October 17–November 20)</td>
<td>FM $560</td>
<td>FN $945</td>
</tr>
<tr>
<td>Regular Registration (November 21 and after)</td>
<td>FM $610</td>
<td>FN $995</td>
</tr>
<tr>
<td><strong>Resident Fee</strong> (Pharmacy residents in ASHP- or Canadian-accredited programs)</td>
<td>RM $290</td>
<td>RN $425</td>
</tr>
<tr>
<td><strong>Pharmacy Technician Fee</strong></td>
<td>TM $290</td>
<td>TN $395</td>
</tr>
<tr>
<td><strong>Student Fee</strong> (Full-time undergraduate or postgraduate pharmacy students)</td>
<td>SM $240</td>
<td>SN $345</td>
</tr>
</tbody>
</table>

**Graduation date required to qualify for student fees:** 

| **Retired Fee** | FR $300 | FR $520 |

### 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.

<table>
<thead>
<tr>
<th>Package Code</th>
<th>Package Description</th>
<th>ASHP Member</th>
<th>Non-member</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCM20AMIS</td>
<td>BCACP** Clinical Sessions Recertification Package</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>MCM20CCIS</td>
<td>BCCCP Intensive Study Recertification Package</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>MCM20GPIS</td>
<td>BCGP** Clinical Sessions Recertification Package</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>MCM20OPIS</td>
<td>BCOP** Clinical Sessions Recertification Package</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>MCM20PEIS</td>
<td>BCPPS Intensive Study Recertification Package</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>MCM20PCIS</td>
<td>BCPS Intensive Study Recertification Package</td>
<td>$50</td>
<td>$50</td>
</tr>
</tbody>
</table>

**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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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!

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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.

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