

# MEETING REGISTRATION FORM

## 59th ASHP Midyear Clinical Meeting & Exhibition

December 8–12, 2024 | New Orleans, Louisiana | Ernest N. Morial Convention Center

### Important registration deadlines:

**September 27:** Early Bird registration discounts end

**November 8:** Advanced registration ends

**December 6:** Online registrations must be received before midnight  
(Onsite registration will be available.)

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

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 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:  
\_\_\_\_\_

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).

## METHOD OF PAYMENT

Charge to:  MasterCard  VISA  AMEX  Discover

Total (from the other side) \$ \_\_\_\_\_

MCM24

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: For invoicing purposes, please submit your purchase order along with your registration form.

## THREE WAYS TO REGISTER

- ONLINE at [midyear.ashp.org](http://midyear.ashp.org)
- CALL TOLL-FREE 1-866-849-9828
- 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 Customer Registration Center  
c/o SPARGO, Inc.  
11208 Waples Mill Road, Suite 112  
Fairfax, VA 22030  
[ashpregistration@spargoinc.com](mailto:ashpregistration@spargoinc.com)

## CANCELLATION POLICY

All meeting cancellations are subject to a \$75 handling charge. NO REFUNDS will be issued after November 15, 2024 (postmark or fax date). In the event that the in-person meeting is canceled, ASHP will provide a full refund.

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.

