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.)



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

REGISTRATIO	INFORMATION				
Please type or print clearly.	What is us				
ASHP ID Number:		ur primary position? eck one)			
Name:		ector of Pharmacy/ ef Pharmacy Officer			
Title:	Dire	ector			
Name for Badge:	□ Ass	ociate or Assistant Director			
Name for badge.	□ Clir	ical Coordinator			
Home Address:	Oth	er Supervisory Position			
	□ Sta	ff Pharmacist			
CITY STATE		ical Pharmacist-General			
Employer/School (required):	Clir	ical Pharmacist-Specialist			
Employer/School Address:	☐ Fac	ulty			
STREET	□ Res	ident/Fellow			
CITY STATE	Stu	dent			
Daytime Phone: Fax:	□ Tec	hnician			
	☐ Med	dication/Patient Safety Officer			
E-mail (required for meeting confirmation):		ormatics/Technology Specialist			
Graduation Date (requested for all, required for students and residents):	Oth	er:			
☐ Check here if this is a new address.					
By registering for this meeting, you agree to receive marketing and info and agree that any information you provide may be stored, processed the ASHP Privacy Policy, available to view at www.ashp.org/privacy-p	nd/or transmitted by ASHP and its service p				
METHOD OF PAYMENT	THREE WAYS TO I	REGISTER			
☐ Charge to: ☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover	☐ ONLINE at midyear.ashp.org				
Total (from the other side) \$	☐ CALL TOLL-FREE 1-866-849-9828				
Card #:	☐ MAIL registration form with check or money order payable to				
	ASHP. Checks must be drawn on a U.S ASHP Customer Registration Center	. bank in U.S. funds.			
Expiration Date:	c/o SPARGO, Inc.				
Signature:	11208 Waples Mill Road, Suite 112 Fairfax, VA 22030				
By authorizing this charge, I certify that the above registration information is true and correct, and agree to be responsible for any	ashpregistration@spargoinc.com				
additional charges incurred pursuant to this meeting registration.	CANCELLATION	POLICY			
☐ Check or money order payable to ASHP attached. Checks must be drawn on a U.S. bank in U.S. funds.	All meeting cancellations are subject to a \$75 handling charge.				

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.

provide a full refund.

Purchase Order: For invoicing purposes, please submit your

purchase order along with your registration form.

MIDYEAR MEETING FEES

Regi	istration includes meeting sessions, exhibits, and the Monday Opening Session. Ple	ease che	ck one.			
	Full Registration Fee Early Bird Registration (on or before September 27) Advance Registration (September 28—November 8) Regular/Onsite Registration (November 9 and after)	FM FM	HP Member □ \$775 □ \$875 □ \$975	Non- FN FN FN	member \$1175 \$1275 \$1375	\$ \$ \$
	Resident/Academic Fellow Early Bird Registration (on or before September 27) Advance Registration (September 28—November 8) Regular/Onsite Registration (November 9 and after)	RM RM	\$435 \$480 \$525	RN RN RN	\$635 \$680 \$725	\$ \$
	Pharmacy Technician Fee Early Bird Registration (on or before September 27) Advance Registration (September 28—November 8) Regular/Onsite Registration (November 9 and after)	TM TM	\$355 \$390 \$425	TN TN TN	□ \$425 □ \$460 □ \$495	\$ \$ \$
	Student Fee (Full-time undergraduate or postgraduate pharmacy students) Graduation date required to qualify for student fees: Early Bird Registration (on or before September 27) Advance Registration (September 28—November 8) Regular/Onsite Registration (November 9 and after)	SM	□ \$355 □ \$390 □ \$425	SN SN SN	□ \$425 □ \$460 □ \$495	\$ \$ \$
	Retired Fee Early Bird Registration (on or before September 27) Advance Registration (September 28—November 8) Regular/Onsite Registration (November 9 and after)	FR	□ \$435 □ \$480 □ \$525	FR FR FR	□ \$635 □ \$680 □ \$725	\$ \$ \$
Not	a member? Visit www.ashp.org and select "join now" to join before you register and	you coul	d save more t	han the	cost of your	membership!
	PRE-MEETING WOR	(SHOP	S			
	Select only one of the following options: 01WKA RPDC A: PGY1 New Programs 01WKB RPDC B: PGY1 Existing Programs 01WKC RPDC C: PGY2 New Programs 01WKD RPDC D: PGY2 Existing Programs	00 a.m. –	5:00 p.m. Res	gistratio 405 405 405	on is limited. \$ \$ \$	
	ONE DAY REGISTRATI	ON FE	ES			
	ase indicate which day(s) you will be attending (includes meeting sessions and e under Sunday under Monday under Tuesday under Wednesday and Thursday under Mone Day, Member \$400/day under Unde		only).		\$	
	SPECIALTY BOARD RECE	RTIFIC	ATION			
(BCA and belo	bughout the Midyear meeting, certain education sessions will be designated for recerting ACP), Critical Care Pharmacy (BCCCP), Geriatric Pharmacy (BCGP), Oncology Pharma Sterile Compounding (BCSCP). Any Midyear learner may attend the live sessions; how we (additional fee). Each package includes the recorded sessions plus the recertifications will apply to the year in which the assessment is completed.	fication of cy (BCOI vever, atte	credit in the fo P), Pediatric Pl endees seekin	harmac g recert	y (BCPPS), P tification cred	harmacotherapy (BCPS), dit must select a package
□ M □ M □ M □ M	ICM24AMIS BCACP** Clinical Sessions Recertification Package ICM24CCIS BCCCP** Clinical Sessions Recertification Package ICM24GPIS BCGP** Clinical Sessions Recertification Package ICM24OPIS BCOP** Clinical Sessions Recertification Package ICM24PEIS BCPPS** Clinical Sessions Recertification Package ICM24PCIS BCPS Intensive Study Recertification Package ICM24SCIS BCSCP Intensive Study Recertification Package		\$. \$. \$. \$. \$.	55 55 55 55 55	\$ \$	
** De	eveloped in partnership with the American College of Clinical Pharmacy (ACCP).					
	se note that the BCACP, BCCCP, BCGP, BCOP, and BCPPS Clinical Sessions were previousle ACCP Annual Meeting. Learners may only claim credit once.	ısly prese	ented in Noven	nber 20)24	

ASHP Meeting Terms & Conditions and Privacy Policy

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 the **REGISTER** page at **midyear.ashp.org**.

TOTAL FEES \$______