

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.)



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.

METHOD OF PAYMENT

Charge to: MasterCard VISA AMEX Discover

Total (from the 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: For invoicing purposes, please submit your purchase order along with your registration form.

THREE WAYS TO REGISTER

- ONLINE at 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

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.

MIDYEAR MEETING FEES

Registration includes meeting sessions, exhibits, and the Monday Opening Session. Please check one.

<input type="checkbox"/> Full Registration Fee	ASHP Member	Non-member	
Early Bird Registration (on or before September 27)	FM <input type="checkbox"/> \$775	FN <input type="checkbox"/> \$1175	\$ _____
Advance Registration (September 28—November 8)	FM <input type="checkbox"/> \$875	FN <input type="checkbox"/> \$1275	\$ _____
Regular/Onsite Registration (November 9 and after)	FM <input type="checkbox"/> \$975	FN <input type="checkbox"/> \$1375	\$ _____
<input type="checkbox"/> Resident/Academic Fellow			
Early Bird Registration (on or before September 27)	RM <input type="checkbox"/> \$435	RN <input type="checkbox"/> \$635	\$ _____
Advance Registration (September 28—November 8)	RM <input type="checkbox"/> \$480	RN <input type="checkbox"/> \$680	\$ _____
Regular/Onsite Registration (November 9 and after)	RM <input type="checkbox"/> \$525	RN <input type="checkbox"/> \$725	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee			
Early Bird Registration (on or before September 27)	TM <input type="checkbox"/> \$355	TN <input type="checkbox"/> \$425	\$ _____
Advance Registration (September 28—November 8)	TM <input type="checkbox"/> \$390	TN <input type="checkbox"/> \$460	\$ _____
Regular/Onsite Registration (November 9 and after)	TM <input type="checkbox"/> \$425	TN <input type="checkbox"/> \$495	\$ _____
<input type="checkbox"/> 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)	SM <input type="checkbox"/> \$355	SN <input type="checkbox"/> \$425	\$ _____
Advance Registration (September 28—November 8)	SM <input type="checkbox"/> \$390	SN <input type="checkbox"/> \$460	\$ _____
Regular/Onsite Registration (November 9 and after)	SM <input type="checkbox"/> \$425	SN <input type="checkbox"/> \$495	\$ _____
<input type="checkbox"/> Retired Fee			
Early Bird Registration (on or before September 27)	FR <input type="checkbox"/> \$435	FR <input type="checkbox"/> \$635	\$ _____
Advance Registration (September 28—November 8)	FR <input type="checkbox"/> \$480	FR <input type="checkbox"/> \$680	\$ _____
Regular/Onsite Registration (November 9 and after)	FR <input type="checkbox"/> \$525	FR <input type="checkbox"/> \$725	\$ _____

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 November 15 and be a full Midyear meeting registrant to attend pre-meeting workshops. Pre-meeting workshop registrations may be available onsite at a higher rate if space is available. Box lunch will be included.

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	<input type="checkbox"/> \$405	\$ _____
01WKB <input type="checkbox"/> RPDC B: PGY1 Existing Programs	<input type="checkbox"/> \$405	\$ _____
01WKC <input type="checkbox"/> RPDC C: PGY2 New Programs	<input type="checkbox"/> \$405	\$ _____
01WKD <input type="checkbox"/> RPDC D: PGY2 Existing Programs	<input type="checkbox"/> \$405	\$ _____

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** \$400/day **ON** One Day, **Non-member** \$600/day \$ _____

SPECIALTY BOARD RECERTIFICATION

Throughout the Midyear meeting, certain education sessions will be designated for recertification credit in the following areas: Ambulatory Care Pharmacy (BCACP), Critical Care Pharmacy (BCCCP), Emergency Medicine (BCEMP), Geriatric Pharmacy (BCGP), Oncology Pharmacy (BCOP), Pediatric Pharmacy (BCPPS), Pharmacotherapy (BCPS), and Sterile Compounding (BCSCP). 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"/> MCM24AMIS BCACP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24CCIS BCCCP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24EMIS BCEMP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24GPIS BCGP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24OPIS BCOP** Clinical Sessions Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24PEIS BCPPS** Clinical Sessions Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24PCIS BCPS Intensive Study Recertification Package	<input type="checkbox"/> \$55	\$ _____
<input type="checkbox"/> MCM24SCIS BCSCP Intensive Study Recertification Package	<input type="checkbox"/> \$55	\$ _____

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

Please note that the BCACP, BCCCP, BCEMP, BCGP, BCOP, and BCPPS Clinical Sessions were previously presented in October 2024 at the ACCP Annual Meeting. Learners may only claim credit once.

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 \$ _____

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