

MEETING REGISTRATION FORM



IMPORTANT DATES

April 26: Early Bird deadline.

May 31: Mail and phone registrations must be received.

June 7: Online registrations must be received before midnight
(Onsite registration will be available at an increased rate.)

June 8-12, 2024 | Oregon Convention Center | Portland, Oregon

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.
- I consent to having my name and mailing address included in the attendee list provided to exhibiting companies* and/or their agents for the exclusive purpose of receiving information on activities at the Pharmacy Futures 2024 meeting and exhibition.

What is your primary position?
(please check one)

- Director
- Chief Pharmacy Officer/Director of Pharmacy
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist-General
- Clinical Pharmacist-Specialist
- Faculty
- Resident
- Student
- Technician
- Physician
- Nurse
- 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) \$ _____

Card #: _____ **SM24**

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 futures.ashp.org
- CALL TOLL-FREE 1-866-849-9828
- MAIL registration form with payment 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 registration cancellations are subject to a \$75 handling charge and no refunds will be issued after May 24, 2024. 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.

