



ASHP Pharmacy Futures 2024

Portland, Oregon

June 8-12, 2024

Official Letter of Invitation Request Form

Please fill out form to request an invitation letter.

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

COUNTRY: _____

POSTAL CODE: _____

Please email to: custserv@ashp.org

Please note that international attendees must be registered for the meeting in order to receive the Official Letter of Invitation. If approval to travel to the United States is not granted, the cancellation fee will be waived.