

MEETING REGISTRATION FORM



IMPORTANT DATES

April 4: Early Bird rate deadline

May 9: Advance rate deadline

June 6: Online registrations must be received before midnight
(Onsite registration will be available)

June 7-11, 2025 | Charlotte Convention Center | Charlotte, North Carolina

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
- 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) \$ _____

PF25

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 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 23, 2025. 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.

MEETING FEES

Registration fee includes access to all education sessions, the Summit on Advanced Therapeutics, National Pharmacy Preceptors Conference, Exploration Hall, Grand Opening Reception, and lunch on Monday and Tuesday.

	ASHP Member	Non-member	
<input type="checkbox"/> Full Registration Fee			
Early Bird Registration (on or before April 4)	FM <input type="checkbox"/> \$715	FM <input type="checkbox"/> \$1115	\$ _____
Advance Registration (April 5-May 9)	FM <input type="checkbox"/> \$815	FM <input type="checkbox"/> \$1215	\$ _____
Regular/Onsite Registration (May 10 and after)	FM <input type="checkbox"/> \$915	FM <input type="checkbox"/> \$1315	\$ _____
<input type="checkbox"/> Resident Fee			
Early Bird Registration (on or before April 4)	RM <input type="checkbox"/> \$455	RN <input type="checkbox"/> \$655	\$ _____
Advance Registration (April 5-May 9)	RM <input type="checkbox"/> \$500	RN <input type="checkbox"/> \$700	\$ _____
Regular/Onsite Registration (May 10 and after)	RM <input type="checkbox"/> \$545	RN <input type="checkbox"/> \$745	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee			
Early Bird Registration (on or before April 4)	TM <input type="checkbox"/> \$285	TN <input type="checkbox"/> \$355	\$ _____
Advance Registration (April 5-May 9)	TM <input type="checkbox"/> \$315	TN <input type="checkbox"/> \$385	\$ _____
Regular/Onsite Registration (May 10 and after)	TM <input type="checkbox"/> \$345	TN <input type="checkbox"/> \$415	\$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students)			
Graduation date required to qualify for fees: _____			
Early Bird Registration (on or before April 4)	SM <input type="checkbox"/> \$285	SN <input type="checkbox"/> \$355	\$ _____
Advance Registration (April 5-May 9)	SM <input type="checkbox"/> \$315	SN <input type="checkbox"/> \$385	\$ _____
Regular/Onsite Registration (May 10 and after)	SM <input type="checkbox"/> \$345	SN <input type="checkbox"/> \$415	\$ _____
<input type="checkbox"/> Retired Fee	FRM <input type="checkbox"/> \$455	FRN <input type="checkbox"/> \$525	\$ _____

ONE DAY REGISTRATION FEES

Please indicate which day(s) you will be attending (includes meeting sessions and exhibits only).

- Sunday
 Monday
 Tuesday
 Wednesday
- OM One Day, **Member** \$390/day
 ON One Day, **Non-member** \$590/day
- \$ _____

SUMMIT ON ADVANCED THERAPEUTICS

Pharmacy Futures will include the Summit on Advanced Therapeutics. Programming will take place Sunday and Monday of the meeting and the Summit is included with your registration. Please indicate if you are interested in attending below:

- Yes, I plan to attend**
 No, I do not plan to attend

NATIONAL PHARMACY PRECEPTORS CONFERENCE

The National Pharmacy Preceptors Conference is now at Pharmacy Futures! Programming will take place Sunday, Monday, and Tuesday of the meeting and participation is included with your registration. Please indicate if you are interested in attending below:

- Yes, I plan to attend**
 No, I do not plan to attend

DESIGNATED PERSONS STERILE COMPOUNDING TRAINING

The training includes five hours of educational sessions on Tuesday, June 10, followed by one-on-one skills assessment on Wednesday, June 11. Sessions will include didactic and practical sessions on certification reports, personnel competencies, surface sampling techniques and interpreting results, and garbing assessment. Any attendee may attend the live sessions; however, attendees seeking the training skills assessment must select the package below (additional fee). More information and prerequisite can be found on the meeting website.

- DPSCT Designated Persons Sterile Compounding Training \$350**
\$ _____

BCSCP INTENSIVE SESSIONS RECERTIFICATION PACKAGE

During the meeting, certain education sessions will be designated for Compounded Sterile Preparations Pharmacy (BCSCP) recertification credit. Any attendee may attend the live sessions; however, attendees seeking recertification credit must select the package below (additional fee). The package includes the live sessions, the recorded sessions, and the recertification assessments (4 hours).

- PF25SCIS BCSCP Intensive Sessions Recertification Package \$60**
\$ _____

SPECIAL EVENTS

- Harvey A.K. Whitney Lecture Award and Dinner**
 \$180 x _____ tickets

- Additional tax-deductible donation to the ASHP Foundation
- \$ _____

**Tickets for the Grand Opening Reception and tickets for daily lunches are available for purchase onsite only*

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 futures.ashp.org.

TOTAL FEES \$ _____

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