

2020 Live Review and Recertification Courses Registration Form



Spring Into Certification

March 5-7, 2020 | M Resort Spa Casino | Henderson, NV

Register in advance and SAVE!

Register on or before January 24, 2020 to take advantage of special early bird discount rates. Register at www.rxcertifications.org

REGISTRATION INFORMATION

Please provide home and business information and check preferred address for correspondence.

ASHP ID Number (if applicable): _____

Name: _____

Name for Badge: _____
FIRST MIDDLE LAST

Home Address: _____
STREET

Business Name: _____
CITY STATE ZIP

Business Address: _____
STREET CITY STATE ZIP

Daytime Phone: _____ Fax: _____

E-mail (required for meeting confirmation): _____

What is your primary position? (please check one)

- Director
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist-General
- Clinical Pharmacist-Specialist
- Faculty
- Resident
- Other: _____

ACCP/ASHP'S LIVE REVIEW AND RECERTIFICATION COURSES

March 5-7, 2020 | 7:30 a.m. - 5:30 p.m.

Step 1: Select the **Board Certification Specialty** in which you will be participating. Check only one.

- Ambulatory Care Pharmacy**
ACRR20PREP | ACRR20RCT
- Geriatric Pharmacy**
GPRR20PREP | GPRR20RCT
- Oncology Pharmacy**
ONRR20PREP | ONRR20RCT

Step 2: Select between the **Review Package** or the **Recertification Package**. Check only one.

- Review Package:** includes all recordings, slides (print/PDF), workbook (PDF) and the live Developing Effective Test-Taking Skills Webinar
- Recertification Package:** includes all recordings, slides (print/PDF), workbook (PDF), and the recertification assessment (for those seeking recertification only)

Step 3: Select your registration category. Check only one.

	On or before January 24	January 25 and after	
ASHP Member			
Review Package	<input type="checkbox"/> \$550	<input type="checkbox"/> \$660	
Recertification Package	<input type="checkbox"/> \$550	<input type="checkbox"/> \$660	\$ _____
Nonmember			
Review Package	<input type="checkbox"/> \$690	<input type="checkbox"/> \$830	
Recertification Package	<input type="checkbox"/> \$690	<input type="checkbox"/> \$830	\$ _____
Resident Member			
Review Package	<input type="checkbox"/> \$275	<input type="checkbox"/> \$330	\$ _____
Resident Nonmember			
Review Package	<input type="checkbox"/> \$345	<input type="checkbox"/> \$415	\$ _____

On-site registration will be available but limited due to space.

FOUR WAYS TO REGISTER

- ONLINE** www.rxcertifications.org
- ASHP MEMBERS CALL TOLL-FREE**
1-866-279-0681, Mon.-Fri. 8 a.m.-6 p.m. EST
International: 001-301-664-8700T
- ASHP MEMBERS FAX** your registration form to **1-301-657-1251**
- ASHP MEMBERS 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, P.O. Box 38069, Baltimore, MD 21297

REGISTRATION CANCELLATION AND REFUNDS

All meeting cancellations are subject to a \$85 handling charge. No refunds will be offered after February 14, 2020.

METHOD OF PAYMENT

- Enclosed is my check or money order made payable to ASHP and drawn on a U.S. Bank.**
- Enclosed is my U.S. purchase order number # _____.**
Please issue invoice.
- Charge \$ _____ to my:**
 MasterCard VISA AMEX Discover

Card #: _____ Exp. 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.