

# MSHP/ICHP Spring Meeting 2013

## Registration Form

Hospital / Company Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I'm a member of:  MSHP  ICHP

**Register Online  
by March 19:**

**www.moshp.com  
www.ichpnet.org**

**Checks payable to:**  
MSHP  
800 SW Jackson St, Suite A  
Topeka, KS 66612  
(785) 271-0208 (phone)  
(785) 271-0166 (fax)

**Full Meeting Registration:** includes education sessions, exhibit hall access, and meeting meals.

\*early-bird rates end after March 22nd.

		Member	Non-Member	TOTAL
<b>Pharmacist/Industry Rep</b>	Early-bird	\$225.00	\$375.00	_____
	Regular	\$255.00	\$405.00	_____
<b>Pharmacy Technician</b>	Early-bird	\$ 60.00	\$100.00	_____
	Regular	\$ 90.00	\$130.00	_____
<b>Pharmacy Resident</b>	Early-bird	\$ 60.00	\$100.00	_____
	Regular	\$ 90.00	\$130.00	_____
<b>Pharmacy Student</b>	Early-bird	\$ 35.00	\$ 60.00	_____
	Regular	\$ 65.00	\$ 90.00	_____
<b>Preceptor/Student*</b>		\$185.00	Student: _____	_____
<b>Pharmacist/Technician**</b>		\$250.00	Technician: _____	_____

*[a separate registration form is required for the second attendee]*

\*both must be either MSHP or ICHP members and register before the early-bird deadline. Student should be on rotation with Preceptor.

\*\*both must be either MSHP or ICHP members and register before the early-bird deadline.

**Please mark your  
preference below,  
whether Full or One-Day  
Registration:**

I need a vegetarian meal.

Yes, I will attend the MSHP  
R&E Foundation Best  
Practice Award Breakfast.

Yes, I will attend the Friday  
Lunch Symposium.

Yes, I will attend the Saturday  
Lunch & Awards program.

Please note the cancellation policy under the *Meeting Information* section of this brochure.

**One-Day Registration:** includes that day's education sessions (if applicable), exhibit hall access, and meeting meals.

	Member	Non-Member	TOTAL
<b>Pharmacist/Industry Rep</b>	\$130.00	\$200.00	_____
<b>Pharmacy Technician</b>	\$ 35.00	\$ 75.00	_____
<b>Pharmacy Resident</b>	\$ 35.00	\$ 75.00	_____
<b>Pharmacy Student</b>	\$ 25.00	\$ 50.00	_____

I will attend the event on:

Friday  Saturday

**MSHP R&E Foundation Best Practice Award Breakfast** **50.00** [check appropriate box in margin above]

**Gift Basket Silent Auction Participant** \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

My Check is Enclosed  Charge My Credit Card [VISA, AMEX or MC accepted]

Account Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

E-mail Address (for receipt): \_\_\_\_\_