

CSHP Seminar 2009 Registration Form

Attendee Information

FULL NAME _____
DEGREE _____ BADGE NAME (FIRST NAME ONLY) _____
CSHP MEMBER # _____ CPhA MEMBER # (ATTACH PROOF) _____

Guest Information

Yes, I am Bringing a Guest

FULL NAME _____
BADGE NAME (FIRST NAME ONLY) _____

Early Bird (Before August 20) \$130
 Regular (August 20 – September 23) \$130
 On-Site (October 1 – 4) \$155
Subtotal: \$ _____

Contact Information

Preferred Mailing Address (Please check one)

Home Business/School

Business Information

BUSINESS/SCHOOL _____
RESIDENCY PROGRAM _____
TITLE _____
STREET _____
CITY/STATE/ZIP CODE _____
BUSINESS/SCHOOL PHONE _____
BUSINESS/SCHOOL FAX _____

Home Information

HOME ADDRESS _____
CITY/STATE/ZIP _____
HOME PHONE _____
CELL PHONE _____
EMERGENCY CONTACT _____
NAME _____
PHONE NUMBER _____

Important:

If you or your registered guest require special assistance (reasonable accommodations as defined by the Americans with Disabilities Act, Section 12182) in order to fully participate in this event, please indicate here. You will be contacted by CSHP to make appropriate arrangements.

Payment

Check Enclosed (payable to CSHP)
 Charge My: Visa MasterCard
 American Express Discover

CARD NUMBER _____
EXPIRATION DATE _____ CARD SECURITY CODE _____
NAME THAT APPEARS ON CARD _____
SIGNATURE _____

Renew Your Membership

Pharmacist/Spouse Primary/Associate \$263
 Technician \$ 79
 New Practitioner 1st Year \$ 66
 New Practitioner 2nd Year \$131
 New Practitioner 3rd Year \$197
 Student \$ 60
 Spouse Secondary \$131
 Retired \$131
Subtotal: \$ _____

* To change your membership type, please contact the CSHP office.

Submitting Your Registration

Please fax both pages of this form to (916) 447-2396 or mail form and payment to:

CSHP
Attn: Seminar Manager
1314 H Street, Suite 200
Sacramento, CA 95814
(916) 447-1033

You may also register online at <http://seminar.cshp.org>

All cancellation requests must be submitted in writing two weeks prior to Seminar 2009. A \$40 administrative fee will be charged for all refunds. Purchase orders are not accepted. Payments to CSHP are not deductible as charitable contributions; however, they may be deductible under provisions of the Internal Revenue Service.



Registration Form Continues on Reverse

PLEASE MAKE A COPY FOR YOUR RECORDS

Registration Fees

Pharmacist/Nurse/Associate/NPY2/NPY3 Member

	Early Bird	Regular	On-Site
Full Registration (4 Days)	\$275	\$325	\$350
Two-Day Registration	\$230	\$275	\$300
One-Day Registration	\$200	\$230	\$255
Sunday Registration	\$105	\$105	\$130

Pharmacist/Nurse/Associate/NPY2/NPY3 Non-Member

	Early Bird	Regular	On-Site
Full Registration (4 Days)	\$538	\$588	\$613
Two-Day Registration	\$493	\$538	\$563
One-Day Registration	\$463	\$493	\$518
Sunday Registration	\$368	\$368	\$393

If not attending all four days, please indicate which days you wish to attend _____

Technician Member

	Early Bird	Regular	On-Site
Full Registration (4 Days)	\$130	\$155	\$180
One-Day Registration	\$85	\$120	\$145

Technician Non-Member

	Early Bird	Regular	On-Site
Full Registration (4 Days)	\$209	\$234	\$259
One-Day Registration	\$164	\$199	\$224

If not attending all four days, please indicate which days you wish to attend _____

New Practitioner 1st Year

	Early Bird	Regular	On-Site
Member	\$140	\$140	\$165
Non-Member	\$206	\$206	\$231

Student

	Early Bird	Regular	On-Site
Member	\$155	\$155	\$155
Non-Member	\$215	\$215	\$215

*Online student registration: \$130 (member) and \$190 (non-member)

Subtotal: \$ _____

Logowear

Seminar 2009 Polo Shirts

Small Medium Large XL

\$25 x _____ = \$ _____
Shirts Total

Subtotal: \$ _____

Hospitality Events

Golf Tournament <small>Wednesday, September 30</small>	\$150	\$ _____
Golf Dinner and Auction <small>Wednesday, September 30</small>	\$ 50	\$ _____
Resident Career Roundtable <small>Friday, October 2</small>	FREE	<input type="checkbox"/> Check if you plan to attend
Technician Reception <small>Friday, October 2</small>	\$20	\$ _____
Phun Run <small>Saturday, October 3</small>	FREE	<input type="checkbox"/> Check if you plan to attend
Student Career Roundtable <small>Saturday, October 3</small>	FREE	<input type="checkbox"/> Check if you plan to attend
Chemotherapy Hands-On Preparation <small>Saturday, October 3</small>	\$20	\$ _____
President's Reception Honoring the Pharmacist of the Year <small>Saturday, October 3</small>	FREE	<input type="checkbox"/> Check if you plan to attend
Student Mixer <small>Saturday, October 3</small>	FREE	<input type="checkbox"/> Check if you plan to attend

Subtotal: \$ _____

Sponsor a Technician

Yes, I would like to sponsor a technician or technicians!

TECHNICIAN NAME _____

REGISTRATION TYPE _____

TECHNICIAN NAME _____

REGISTRATION TYPE _____

Please randomly select my technician(s).

Chapter Preference: _____

	Early Bird	Regular	On-Site
Full Registration (4 Days)	\$130	\$155	\$180
One-Day Registration	\$85	\$120	\$145

Subtotal: \$ _____

Sponsor a Student

Yes, I would like to sponsor a student or students!

STUDENT NAME _____

SCHOOL NAME _____

STUDENT NAME _____

SCHOOL NAME _____

Please randomly select my student(s).

SCHOOL PREFERENCE: _____

\$155 x _____ = \$ _____
Students Total

Subtotal: \$ _____

GRAND TOTAL \$ _____