

CSHP Seminar 2009 Registration Form

Attendee Information

FULL NAME _____

DEGREE _____ BADGE NAME (FIRST NAME ONLY) _____

CSHP MEMBER # _____ CFHA MEMBER # (ATTACH PROOF) _____

Guest Information

Yes, I am Bringing a Guest

FULL NAME _____

BADGE NAME (FIRST NAME ONLY) _____

<input type="checkbox"/> Early Bird <small>(Before August 20)</small>	<input type="checkbox"/> Regular <small>(August 20 – September 23)</small>	<input type="checkbox"/> On-Site <small>(October 1 – 4)</small>
\$130	\$130	\$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

<input type="checkbox"/> Pharmacist/Spouse Primary/Associate	\$263
<input type="checkbox"/> Technician	\$ 79
<input type="checkbox"/> New Practitioner 1st Year	\$ 66
<input type="checkbox"/> New Practitioner 2nd Year	\$131
<input type="checkbox"/> New Practitioner 3rd Year	\$197
<input type="checkbox"/> Student	\$ 60
<input type="checkbox"/> Spouse Secondary	\$131
<input type="checkbox"/> 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 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 \$ _____