



CSHP Seminar Poster Abstract Reviewer Application Form

Attention CSHP pharmacist and technician members. CSHP invites you to participate in Seminar by becoming a poster abstract reviewer. The purpose of reviewing abstracts is to determine which posters will be awarded top honors in each category. The winner of each category will be recognized at Seminar 2009.

The review process is entirely online and easy to use. Reviewers are typically given 2 to 3 abstracts to review, though some will get more or less depending on the reviewer-submission ratio in any given category. **You must be available to review during the first three weeks of July.**

Reviewer Categories: Please select the abstract categories that you would like to review. Please note that we cannot subdivide categories. For example: If you check “Chronic / Managed Care” then you must be willing to review abstracts on both of those topics.

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|---|---|--|
| <input type="checkbox"/> Administrative Practice /
Financial Management /
Human Resources | <input type="checkbox"/> General Clinical Practice | <input type="checkbox"/> Outcomes Research |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Automation/Informatics | <input type="checkbox"/> Herbals /Alternative Medicines | <input type="checkbox"/> Pediatrics/Neonatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Home Care | <input type="checkbox"/> Pharmacoeconomics |
| <input type="checkbox"/> Chronic Care/Managed Care | <input type="checkbox"/> IV Therapy / Infusion Devices | <input type="checkbox"/> Pharmacokinetics |
| <input type="checkbox"/> Clinical Services Management | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pharmacy Technicians |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Investigational Drugs | <input type="checkbox"/> Practice Research |
| <input type="checkbox"/> Drug Information | <input type="checkbox"/> Nuclear Pharmacy | <input type="checkbox"/> Psychiatry/Neurology |
| <input type="checkbox"/> Drug-Use Evaluation | <input type="checkbox"/> Nutrition Support | <input type="checkbox"/> Quality Assurance/Medication-Use Safety |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Oncology | <input type="checkbox"/> Toxicology |
| | <input type="checkbox"/> Operating Room Pharmacy | <input type="checkbox"/> Women’s Health/Obstetrics |

Name		Credentials	
Affiliation		Position Title	
Address		City, State, Zip Code	
Email Address			
Work Phone		Cell Phone	

Thank you for volunteering!
Forms must be received by July 1 in order to be considered as an abstract reviewer.
If you have any questions, please contact Jason Sauberan, Poster Co-Chair
Email: jsauberan@ucsd.edu
Please fax forms to: (916) 447-2396