



It's Best to Register online at
www.ashpadvantage.com/leaders

REGISTRATION FORM

PRACTICE MODEL TRANSFORMATIONS:

Achieving excellence through accountability and innovation

Sixteenth Annual ASHP Conference for Leaders in Health-System Pharmacy (PPM11)

October 17-18, 2011 • Westin O'Hare • Chicago, Illinois

Note: Attendance is limited on a first-come, first-served basis.

Registration Information (Please provide home and business information and check preferred address for correspondence)

ASHP Member ID# (if applicable) _____

Name and ID# of ASHP member pharmacist* _____

Name _____
 FIRST MI LAST

Title _____

Name for Badge _____
 FIRST MI LAST

Home Address _____

City/State/Zip _____

Business Name _____

Business Address _____

City/State/Zip _____

Daytime Phone _____

Fax _____

E-mail _____

Primary Position (check one)

- A Pharmacy Director
- B Associate or Assistant Pharmacy Director
- D Other Supervisory Position
- I Student
- J Resident
- L Other (e.g., CEO, hospital administrator, etc.):
 _____ (please include title)

*Note: CEOs, CFOs, and other health-system administrators may register at the ASHP member price when they register with a member pharmacist from the same organization. Include ASHP member name and number above. Each registrant must complete a separate registration form, and all forms must be attached and submitted at the same time (by fax or mail only).

Conference Fees (PPM11) (check one)

By September 19 September 20 and After

ASHP member	<input type="checkbox"/> \$420	<input type="checkbox"/> \$495
Nonmember	<input type="checkbox"/> \$715	<input type="checkbox"/> \$770
Second registrant (member)*	<input type="checkbox"/> \$340	<input type="checkbox"/> \$400
Second registrant (non member)*	<input type="checkbox"/> \$605	<input type="checkbox"/> \$640
Resident (member)	<input type="checkbox"/> \$265	<input type="checkbox"/> \$340
Resident (non member)	<input type="checkbox"/> \$435	<input type="checkbox"/> \$485
Student (member)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$335
Student (non member)	<input type="checkbox"/> \$435	<input type="checkbox"/> \$485

Managers' Boot Camp Workshop (optional)
 Member \$260
 Nonmember \$315

Note: If you are registering only for Boot Camp and not for the conference, you must register by phone or fax. Please see "Conference Registration" section for details.

*Each registrant must complete a separate registration form, and all forms must be attached and submitted at the same time (by fax or mail only). See www.ashpadvantage.com/leaders for information on registering more than one person from a health system.

TOTAL REGISTRATION \$ _____

Method of Payment

Enclosed is my check made payable to ASHP and drawn on a U.S. bank in U.S. funds.

Enclosed is my U.S. purchase order # _____.
 Please issue an invoice.

Charge \$ _____ to my:
 MasterCard VISA American Express Discover

Card # _____ Exp. Date _____

Signature _____

Workshops

Monday, October 17, afternoon and Tuesday, October 18, morning. Please select one workshop each day that you would like to attend. Note each workshop is offered twice.

Monday, 1:30 p.m. – 5:00 p.m. (3.5 hours in duration)

- Workshop 1: Change Management: Principles, People, and Policies (BK1A)
- Workshop 2: Leading Residency Program Development and Growth (BK2A)
- Workshop 3: Value-Based Purchasing and Re-Admissions (BK3A)
- Workshop 4: Clinical Dashboards: Measures for Success (BK4A)
- Workshop 5: Information Technology: Leading versus Being Led (BK5A)

Tuesday, 8:00 a.m. – 11:30 a.m. (3.5 hours in duration)

- Workshop 1: Change Management: Principles, People, and Policies (BK1B)
- Workshop 2: Leading Residency Program Development and Growth (BK2B)
- Workshop 3: Value-Based Purchasing and Re-Admissions (BK3B)
- Workshop 4: Clinical Dashboards: Measures for Success (BK4B)
- Workshop 5: Information Technology: Leading versus Being Led (BK5B)

Conference Registration

Online registration is the preferred method of individual registration.

Online registration is available **July 15 through October 12** at www.ashpadvantage.com/leaders.

As an alternative and for multiple registrants from the same facility, complete this registration form and submit to ASHP:

MAIL: **ASHP Payment Center**
 PO Box 17693
 Baltimore, MD 21297
 FAX: **301-657-1251**
 PHONE: Domestic: 866-279-0681
 Monday-Friday, 8 a.m. - 6 p.m. (EST)
 International: 301-664-8700

Registration Cancellations and Refunds

To receive a full refund, confirmed registrations must be canceled in writing on or before September 19, 2011 (postmark or fax date). Written cancellations postmarked or faxed September 20 through October 7 will be subject to a \$50 handling fee. Refunds will be issued only for cancellations postmarked or faxed on or before October 7, 2011.