

# ASSOCIATION OF BLACK HEALTH SYSTEM PHARMACISTS

## Registration Form

**2010 ABHP Minority Health Conference and Annual Meeting, Renaissance Houston Hotel  
Greenway Plaza, Houston, Texas, May 21 – 23, 2010**

(Mr. Mrs., Dr., etc) First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ FAX Number \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (Area Code + #) \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**Current Job Position (Check One)**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Hospital Staff Pharmacist    | <input type="checkbox"/> Clinical Pharmacist     | <input type="checkbox"/> Pharmacy Resident | <input type="checkbox"/> Director of Pharmacy  |
| <input type="checkbox"/> Assistant/Associate Director | <input type="checkbox"/> Community Pharmacist    | <input type="checkbox"/> Technician        | <input type="checkbox"/> College/Univ. Faculty |
| <input type="checkbox"/> Supervisor/Manager           | <input type="checkbox"/> Pharmaceutical Industry | <input type="checkbox"/> Student or Intern | <input type="checkbox"/> Other _____           |

REGISTRATION FEES				
Registration Category	ABHP Member		Non-Member	
<i>(check category)</i>	Pre Register <i>(by April 23)</i>	Pre Register <i>(after April 23)</i>	Pre Register <i>(by April 23)</i>	Pre Register <i>(after April 23)</i>
<input type="checkbox"/> Pharmacist Full Registration	<input type="checkbox"/> \$ 225.00	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 275.00
<input type="checkbox"/> Pharmacist One-Day Registration	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 110.00	<input type="checkbox"/> \$ 120.00	<input type="checkbox"/> \$ 140.00
<input type="checkbox"/> Resident Full Registration	<input type="checkbox"/> \$ 80.00	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 105.00	<input type="checkbox"/> \$ 115.00
<input type="checkbox"/> Resident One-Day	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 50.00
<input type="checkbox"/> Technician Full Registration	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 45.00	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 45.00
<input type="checkbox"/> Technician One-Day Registration	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> Student Full Registration	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> Student One-Day Registration	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 25.00
<input type="checkbox"/> Adopt-a-Student	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> Awards Banquet	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Exhibitor*	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 90.00

*Full registration fee includes attendance at all continuing education sessions, course materials, food functions, refreshment breaks, and professional exhibits (banquet ticket included with pharmacist full registration). \*Each exhibitor is provided one complimentary registration. Additional exhibitor attendees must register for the conference.*

Total Amount Enclosed \$ \_\_\_\_\_ Make checks payable to the Association of Black Health-System Pharmacists and mail with this form to: **ABHP Treasurer**, 13 Beauvoir Court, Rockville, MD 20855-1250 • PHONE to 301-330-2043 • FAX (Credit Card Only) to 301-947-3221

Charge to:  Discover  Master Card  VISA  AMEX – Card Number: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation Policy:** To receive a full-meeting refund, confirmed registrations must be cancelled in writing on or before May 7 (postmark or fax date). Written cancellations postmarked or faxed May 8- through May 20 will be subject to a \$50 handling charge. Refunds will be issued only for cancellations postmarked or faxed before May 21.