



It's best to register online at [leaders.ashp.org](http://leaders.ashp.org)

**Registration Information** (Please type or print clearly)

To guarantee member pricing, you must include your membership number below.  Check here if this is a new address.

**ASHP Member ID#** (if applicable) \_\_\_\_\_

**Name and ID# of ASHP member pharmacist\*** \_\_\_\_\_

Name \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Title \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

**Employer/School** (required) \_\_\_\_\_

Employer/School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_

**Email addresses are required for confirmation of conference registration.**

**Email** (necessary for meeting confirmation) \_\_\_\_\_

**Conference Fees\* (PPM20)** (check one)

- ASHP member  \$550
- Non-member  \$900
- Second registrant (member)\*\*  \$450
- Second registrant (non-member)\*\*  \$765
- Resident (member)  \$345
- Resident (non-member)  \$555
- Student (member)  \$340
- Student (non-member)  \$555

**What is your primary position?** (please check one)

- A  Director
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- B  Staff Pharmacist
- Clinical Pharmacist-General
- Clinical Pharmacist-Specialist
- Faculty
- C  Resident/Fellow
- D  Student
- Technician
- Physician
- Nurse
- Medication/Patient Safety Officer
- Informatics/Technology Specialist
- Other: \_\_\_\_\_

\* Note: CEO, 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).

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See [leaders.ashp.org](http://leaders.ashp.org) for information on registering more than one person from a health system.

**EACH DAY:**

Select one Extended Breakout from Group 1 or or up to two Breakouts from Group 2.

Select one Virtual Roundtable Discussion topic on Monday.

**Breakout Sessions and Virtual Roundtable Discussions**

**Monday, October 19 and Tuesday, October 20.** Please select one Extended Breakout session or up to two Breakout sessions each day. Select one Virtual Roundtable Discussion topic on Monday evening.

**MONDAY****GROUP 1****2:00 p.m. - 5:15 p.m. (Choose 1)**

- Extended Breakout 1: (M505A)**  
Improving Institutional Finance Health While Reducing Patient Financial Toxicity-Navigating Complexities in Outpatient Infusion Centers
- Extended Breakout 2: (M506A)**  
Revenue Cycle Management – Moving the Needle from Compliance to Comprehensive Strategies

**GROUP 2****2:00 p.m.-3:30 p.m.**

- Breakout A: (M509A)**  
Advancing Pharmacy Practice and Defining Value: Leveraging Evidence and Professional Consensus

**3:45 p.m. - 5:15 p.m.**

- Breakout B: (M510A)**  
Data Management for Leaders- Using Excel to View and Review Operational Metrics

**TUESDAY****GROUP 1****11:00 a.m. - 2:15 p.m. (Choose 1)**

- Extended Breakout 3: (T507B)**  
Data Management in the Trenches: Leveraging Data to Drive Pharmacy Value
- Extended Breakout 4: (T508B)**  
Expanding the Ambulatory Care Enterprise – Leveraging Technology and New Services

**GROUP 2****11:00 a.m.- 12:30 p.m.**

- Breakout C: (T511B)**  
Data Visualization for Leaders-Using Excel to Tell Your Story

**12:45 p.m. - 2:15 p.m.**

- Breakout D: (T512B)**  
Unlocking Hidden Potential: Expanding Pharmacy Involvement with Prescription Benefit Management

**Virtual Roundtable Discussion Topics****Monday, October 19 | 5:30 p.m. - 6:15 p.m. (Choose 1)**

- Multi-Hospital Pharmacy Executives
- COVID-19 Business Recovery
- Telehealth and Future Patient Care Models
- Women in Pharmacy Leadership

**Method of Payment**

- Charge \$ \_\_\_\_\_ to my:  MasterCard  VISA  
 American Express  DiscoverCard  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_
- Check or money order 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.

**Conference Registration**

**Online registration is the preferred method of individual registration and is available at [leaders.ashp.org](http://leaders.ashp.org).**

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

MAIL: **ASHP**  
PO Box 38069, Baltimore, MD 21297  
FAX: **301-657-1251**  
PHONE: **866-279-0681** Monday-Friday, 8 a.m.-6 p.m. (ET)

**Registration Cancellations, Refunds, and Policies**

All meeting cancellations are subject to a \$75 handling fee. NO REFUNDS will be issued after October 16, 2020 (postmark or fax date).

- By registering for this meeting, you agree that the information provided may be stored, processed and/or transmitted in accordance with the ASHP Privacy Policy available at [www.ashp.org/Privacy-Policy](http://www.ashp.org/Privacy-Policy).