

# **REGISTRATION FORM**

## 29th Annual ASHP Conference for Pharmacy Leaders

October 7-8, 2024 | Chicago, Illinois

## It's best to register online at 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)				
	armacist*			
· · · · · ·				
Name				
FIRST	MIDDLE	LAST		
Title				
Home Address				
Citv/State/Zip				
Employer/School (required)				
Employer/School Address				
City/State/Zip				
Dautima Phana:				
		FdX ( )		
Email addresses are required for confirmation of conference registration.				

Email (necessary for meeting confirmation)

## Conference Fees\* (PPM24) (check one)

ASHP member Non-member Second registrant (member)** Second registrant (non-member)** Resident (member) Resident (non-member) Student (member)	Aug. 30 \$655 \$1,060 \$545 \$955 \$425 \$655 \$330	Aug. 31 and after  \$755 \$1,160 \$4645 \$1,055 \$525 \$525 \$5755 \$\$430
Student (non-member)	□ \$530	□ \$630
Manager's Bootcamp Workshop - Octobe	r 6 (Optiona	l)
Member	□ \$405	
Non-member	<b>4</b> 75	

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

- A **D** Chief Pharmacy Officer
  - 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
  - Other: \_\_\_\_\_

\*\*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 leaders.ashp.org for information on registering more than one person from a health system.



<sup>\*</sup> 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).

## **Breakout Sessions**

Monday, October 7 and Tuesday, October 8. Please select one breakout session in each time slot.

# MONDAY

# 1:45 p.m. — 3:15 p.m. CHOOSE 1 (M501) Navigating Pharmacy Finance: Part 1 (M503) Strategic Partnerships: Developing External Relationships for Business and Patient Care Success (M504) Al for Pharmacy Leaders, Part 1: The What and the Why (M507) Building the Pharmacy Workforce of the Future: Successfully Elevate Your C.R.E.W. (M509) Pharmacists in C Suites-Boardroom Ready: Strategically Align with the Bottom Line

# TUESDAY

	8:00 a.m. — 9:30 a.m.
CHOOSE 1	
🗆 (T501)	Navigating Pharmacy Finance: Part 1
□ (T503)	Strategic Partnerships: Developing External Relationships for Business and Patient Care Success
🗆 (T504)	AI for Pharmacy Leaders, Part 1: The What and the Why
□ (T507)	Building the Pharmacy Workforce of the Future: Successfully Elevate Your C.R.E.W.
☐ (T509)	Pharmacists in C Suites-Boardroom Ready: Strategically Align with the Bottom Line

## 3:30 p.m. — 5:00 p.m.

### CHOOSE 1

- (M502) Navigating Pharmacy Finance: Part 2
- (M505) Strategic Partnerships: Developing Internal Relationships for Business and Patient Care Success
- □ (M506) Al for Pharmacy Leaders, Part 2: Strategies to Prepare for the Future
- □ (M508) How Strong Is Your Bench? Developing Future Pharmacy Leaders with Strategic Succession Planning
- □ (M510) Sexual Harassment in the Workplace: Navigating Toward a Culture of Safety

CHOOSE 1	
□ (T502)	Navigating Pharmacy Finance: Part 2
□ (T505)	Strategic Partnerships: Developing Internal Relationships for Business and Patient Care Success
☐ (T506)	AI for Pharmacy Leaders, Part 2: Strategies to Prepare for the Future
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☐ (T510)	Sexual Harassment in the Workplace: Navigating Toward a Culture of Safety

9:45 a.m. — 11:15 a.m.

## **Method of Payment**

□ Charge \$ \_\_\_\_\_\_ to my: □ MasterCard □ VISA □ American Express □ DiscoverCard

Card # \_\_\_\_

## Signature

□ Check or money order payable to ASHP and drawn on a U.S.bank in \_\_\_\_\_\_ U.S. funds.

Exp. Date

Enclosed is my U.S. purchase order # \_\_\_\_\_

 Please issue an invoice.

## **Registration Cancellations, Refunds, and Policies**

## **Conference Registration** Online registration is the preferred method of individual registration

and is available through October 8 at leaders.ashp.org. 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 38069, Baltimore, MD 21297-8069

FAX: **301-657-1251** 

PHONE: **866-279-0681** Monday-Friday, 8 a.m.-6 p.m. (ET)

All meeting cancellations are subject to a \$75 handling fee. NO REFUNDS will be issued after September 27, 2024 (postmark or fax date). The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in an ASHP in-person or virtual meeting or event. To read these documents visit, **leaders.ashp.org**.

By registering for this meeting, you agree to receive marketing and informational emails from ASHP and its partners for products and services, and agree that any information you provide may be stored, processed and/or transmitted by ASHP and its service providers in accordance with the ASHP Privacy Policy, available to view at ashp.org/privacy-policy.