

# Kentucky Society of Health-System Pharmacists

2013 Spring Meeting • May 10, 2013

Louisville Slugger Field, Louisville, KY

Please print the following:

\_\_\_\_\_  
Name (As you would like it to appear on your name badge and certificate)

\_\_\_\_\_  
PharmD  RPh  Other  \_\_\_\_\_  
Business Affiliation (For your name badge)

\_\_\_\_\_  
Preferred Mailing Address

\_\_\_\_\_  
City State Zip Daytime Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
CPE Monitor ID # Month/day of birth (not year)

## Pharmacist

Member Registration \$100.00 \_\_\_\_\_

Nonmember Registration \$235.00\* \_\_\_\_\_

## Resident

Member Registration \$50.00 \_\_\_\_\_

Nonmember Registration \$85.00\* \_\_\_\_\_

*\*Nonmember rates include KSHP membership for the balance of 2013.*

\_\_\_\_\_  
Pharmacy Technician/ Pharmacy Student/Pharmacy TechnicianStudent  
Registration \$25.00 \_\_\_\_\_

If student, enrolled at \_\_\_\_\_ Pharmacy School)

### **Your registration includes meeting meal functions and continuing education credits.\*\***

I will attend the lunch on Friday, May 10: (Included with registration fee.)

\_\_\_\_ Yes \_\_\_\_\_ No \*\*Special Dietary Needs: \_\_\_\_\_

**\*\*Please note:** The Louisville Bats baseball game tickets and Patio food function are **NOT** included with your meeting registration fee. Please review the information in the registration packet for the game ticket and Patio function ticket process.

Total Due \_\_\_\_\_

\_\_\_\_ Check Enclosed \_\_\_\_\_ Charge my Credit Card

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3/4 Digit Security Code \_\_\_\_\_

Name on CC: \_\_\_\_\_

Billing Address for CC: \_\_\_\_\_

Email for Confirmation: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail with payment to: KSHP P.O. Box 4961, Louisville, KY 40204**

502.456.1851 x 2 | f 502.456.1821 | [info@kshp.org](mailto:info@kshp.org)

You may also register online with a credit card at [www.kshp.org](http://www.kshp.org)