

Kentucky Society of Health-System Pharmacists

2015 Fall Meeting • October 1-5, 2015

Galt House Hotel, Louisville, KY

Please print the following:

Register online at www.kshp.org

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:

Full Registration \$175.00 _____

One Day Only: Thursday or Friday (check one) \$125.00 _____

Nonmember:

Full Registration \$295.00* _____

One Day Only: Thursday or Friday (check one) \$215.00 _____

Resident

Member:

Full Registration \$60.00 _____

One Day Only: Thursday or Friday (check one) \$35.00 _____

Nonmember:

Full Registration \$135.00* _____

One Day Only: Thursday or Friday (check one) \$95.00 _____

*Nonmember rates include KSHP membership through December 31, 2016.

Pharmacy Technician / Pharmacy Student / Pharmacy TechnicianStudent

Full Registration \$40.00 _____

One Day Only: Thursday or Friday (check one) \$25.00 _____

TOTAL DUE _____

If student, enrolled at _____ (Pharmacy School)

Special Dietary Needs: _____

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 x2 | f 502.456.1821 | info@kshp.org