

☐ Do NOT include me on the registration list which is distributed to Annual Seminar sponsors and exhibitors.

2022 Onsite Registration

#tshp2022

Full Name: _____ Nickname (for badge): _____

Mailing Address: _____ City, State Zip: _____

Phone: _____ E-mail Address: _____ Title: _____

Employer/Institution: _____ Employer Location: _____

☐ Special Dietary/Accessibility Need(s): _____

TSHP Annual Seminar <i>Registration Fees</i> Circle applicable items.	Pharmacist & Associate	Pharmacist & Associate Non-member	Technician	Technician Non-Member	New Practitioner	New Practitioner Non-Member	Student	Student Non-Member	Spouse/Guest	SUBTOTAL
TSHP FULL ANNUAL SEMINAR (Fri. 5/13 - Sun. 5/15): TSHP Seminar CPE, meal functions, exhibit hall, and open events										
On-site	\$525	\$625	\$275	\$325	\$375	\$475	\$200	\$225	\$275	
1-DAY TSHP ANNUAL SEMINAR REGISTRATION: Rates are per day. Includes all sessions, meals, and events selected day only.										
☐ Friday, May 13	\$ 200	\$225	\$85	\$105	\$150	\$175	\$55	\$75		
☐ Saturday, May 14	\$225	\$250	\$105	\$130	\$175	\$200	\$80	\$100		
☐ Sunday, May 15	\$75	\$75	\$50	\$50	\$50	\$50	\$25	\$25		
TSHP Annual Seminar Registration Sub-Total:										

Please note: Non-member registrations do NOT include membership.
To join TSHP, please visit www.tshp.org/join.

Please RSVP below to reserve your Annual Seminar meal tickets.

One (1) ticket to each of the events below is included in full registration and one day fees.

EVENT:	WILL YOU ATTEND?		EXTRA TICKETS		SUB-TOTAL
			Cost	Qty	
Opening of Exhibits Reception	☐ YES	☐ NO	\$40		
R&E Fundraising Breakfast	☐ YES	☐ NO	\$40		
Lunch with Exhibitors	☐ YES	☐ NO	\$40		
Make my meal(s) kosher	Additional \$25 per meal				
Annual Seminar Meal Tickets Sub-Total:					
TSHP ANNUAL SEMINAR TOTAL:				\$	.

NOTIFICATIONS: READ CAREFULLY. REGISTRATION FOR THE EVENT IMPLIES ACCEPTANCE OF THE FOLLOWING.

I ACKNOWLEDGE: TSHP reserves the right to use any photography/videography taken during the Annual Seminar or at any event without the expressed written permission of those included within the photograph.

I ACKNOWLEDGE: All requests for refunds must be in writing. A \$50 administrative fee will be charged for all refunds. No refunds after April 1.



TSHP CPE CREDIT REQUIREMENTS: TSHP is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Full CPE details will be available online here: <https://tshp.org/mpage/AS22-Sched>. Credit must be claimed through the LecturePanda system no later than 60 days post activity. No credit will be issued after **60 days**, regardless of attendance. Valid NABP e-Profile information and access to an Internet enabled computer is required. No credit will be issued to attendees with an outstanding balance. No refunds will be provided to attendees that fail to claim credit by the posted deadline.

PAYMENT INFORMATION

GRAND TOTAL: \$

Credit Card #: _____ CVV security code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Card: _____

Signature: _____

Receipt Email: _____

Payee: ☐ Individual ☐ Employer

Make checks or money orders payable to: TSHP

3000 Joe DiMaggio Blvd, Ste 30A

Round Rock, Texas 78665-3920

Tax ID #23-7296288

Email: registration@tshp.org | Fax: (512) 852-8514 | Questions? Call (512) 906-0546