

Please use one form per registrant OR save time by registering ONLINE at www.tshp.org/2019seminar.

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

2019 Registration

#tshp2019

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. 4/12 - Sun. 4/14): TSHP Seminar CPE, meal functions, exhibit hall, and open events										
Thru January 31, 2019	\$375	\$475	\$150	\$200	\$225	\$325	\$75	\$100	\$200	
February 1 - April 1, 2019	\$425	\$525	\$175	\$225	\$275	\$375	\$100	\$125	\$225	
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, April 12 ☐ Saturday, April 13	\$ 200	\$225	\$85	\$105	\$150	\$175	\$55	\$75		
SUNDAY ONLY (4/14)										
Register Online Anytime or On-Site	\$75		\$50		\$50		\$25			
Technician Registration Support- I would like to assist a technician in attending the TSHP 2020 Annual Seminar. Donation Amount:										
TSHP Annual Seminar Registration Sub-Total:										

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

Alcalde Southwest Leadership Conference <i>Registration Fees</i> Circle applicable items.	Pharmacist ☐ - Preceptor	Resident	Fellow	Student	SUBTOTAL
ALCALDE CONFERENCE (Wed. 4/10 - Thurs. 4/11): All Alcalde CPE & meals.					
Thru January 31, 2019	\$200	\$200	\$200	\$75	
February 1 - April 1, 2019	\$250	\$250	\$250	\$100	
On-site	\$350	\$350	\$350	\$200	
Alcalde Registration Sub-Total:					

Please RSVP below to reserve your Alcalde meal tickets.
One (1) ticket to each of the events below is included in your registration fee.

EVENT:	WILL YOU ATTEND?	EXTRA TICKETS Cost Qty	SUB-TOTAL
Alcalde Breakfast	☐ YES ☐ NO	\$40	
Alcalde Lunch	☐ YES ☐ NO	\$40	
Make my meal(s) kosher	Additional \$25 per meal		
Alcalde Meal Tickets Sub-Total:			
ALCALDE TOTAL:			\$.

Please RSVP below to reserve your Annual Seminar meal tickets.
One (1) ticket to each of the events below is included in your registration fee.

EVENT:	WILL YOU ATTEND?	EXTRA TICKETS Cost Qty	SUB-TOTAL
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 YOUR 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 March 27. Payments to TSHP are not deductible as charitable contributions for federal income purposes. However, they may be deductible under other provisions of the IRS Code.

TSHP CPE CREDIT REQUIREMENTS: To receive CPE credit all participants are required to submit credit requests & evaluations via the TSHP Education Portal (<http://tshp.wcea.education/>) by **May 27, 2019**. No credit will be issued after **May 27, 2019**, 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.

Make checks or money orders payable to: TSHP

3000 Joe DiMaggio Blvd, #30A

Round Rock, TX 78665-3920

Tax ID #23-7296288

Email: tshp@tshp.org | Fax: (512) 852-8514

PAYMENT INFORMATION	GRAND TOTAL:	\$.
Credit Card #: _____		
CVV security code: _____ Exp. Date: _____		
Billing Address: _____		
City: _____ State: _____ Zip: _____		
Name on Card: _____		
Signature: _____		
Receipt Email: _____		