

Kentucky Society of Health-System Pharmacists

2019 Spring Meeting • May 10, 2019
Lexington Convention Center, Lexington, KY

Please print the following:

Register online at www.kshp.org

Name (As you would like it to appear on your name badge) _____

_____ 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 \$125.00 _____

Nonmember:
Full Registration \$275.00* _____

Resident

Member:
Full Registration \$60.00 _____

Nonmember:
Full Registration \$95.00* _____

**Nonmember rates include KSHP membership through December 31, 2019.*

Pharmacy Technician/Pharmacy Student/Pharmacy TechnicianStudent (circle one)

Full Registration \$30.00 _____

TOTAL DUE _____

If student, enrolled at _____

Special Dietary Needs: _____

Check Enclosed (or) Charge my Credit Card Visa MasterCard American Express

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