



Ontario Branch, Canadian Society of Hospital Pharmacists
69th Annual Conference • November 18, 2017
Faculty of Pharmacy, University of Toronto, Toronto, ON

2017 ANNUAL CONFERENCE REGISTRATION FORM

Please complete the following form and send to CSHP by **Friday, November 3, 2017**. Please note early bird date of **October 13th, 2017**.

Registration Information

(Name badge will indicate this information.)

Please print clearly.

CSHP Membership Number: _____

First Name: _____ Initial: _____ Last Name: _____

Organization: _____ Title: _____

Preferred Mailing Address: Business Home _____

City: _____ State/Province: _____ Postal Code: _____

Telephone (W): _____ Fax: _____ Telephone (H): _____

Email: _____

To support the CSHP OB and the sponsors, I agree to share my contact information with sponsors: YES NO

AGM FEES (Please circle appropriate rate)	CSHP Members		Non-Members		Student/ Resident/Technicians	
	Early	Late	Early	Late	Early	Late
Education Program Only	\$70	\$90	\$105	\$125	\$35	\$50
Awards Night Dinner Only	\$75	\$85	\$75	\$85	\$35	\$50
Full Registration (includes Education Program and Awards Night Dinner)	\$130	\$160	\$160	\$190	\$65	\$90

Registration Fee (from above)	\$ _____	<p>Place an 'X' in the box beside the workshop you will be attending (choose one):</p> <p><input type="checkbox"/> A: Study Design, Data Collection, and Analysis: Practical Tips & Tools for Pharmacists</p> <p><input type="checkbox"/> B: Adjusting Phenytoin Dosage In Complex Patients: How to Win Friends and Influence Patient Outcomes</p> <p><input type="checkbox"/> C: The Usual and Unusual Suspects: Management of Interactions and Side effects of Psychiatric Medications</p> <p><input type="checkbox"/> D: Planning and Design of Sterile Compounding Facilities: Case Studies Review</p>
<input type="checkbox"/> Please add guest for Award Dinner	\$ 75.00 _____	
Name of Guest: _____		
13% HST	\$ _____	
Total Enclosed:	\$ _____	

I am enclosing a cheque payable to Ontario Branch, CSHP.

Please charge my VISA MASTERCARD or AMEX #: _____

Expiry Date: _____ Signature of Cardholder: _____

If you have a serious food allergy or dietary considerations, please specify: _____

Emergency Contact: _____

AGM: Registration and Fee Information

- Fees are payable to the **Ontario Branch, Canadian Society of Hospital Pharmacists** by cheque, VISA or MasterCard and **MUST** accompany this form. All fees are subject to 13% HST.
- CSHP accepts faxed registrations for those wishing to pay by credit card (in this case, please do not mail original form). To qualify for the early bird fees, registrations must be post-marked or faxed (with payment) on or before **October 13th, 2017**. Cheques post-dated after this date will not be eligible for the early bird fee. Confirmations will be e-mailed within two weeks of receipt of registration.
- Students / Residents are defined as undergraduate students and those registered in residency training programs.

Cancellation Policy

- Registrations may be cancelled, in writing, without penalty up to October 13th, 2017.
- Cancellations after October 13th, 2017 will be assessed an administration fee of \$25.00.
- No refunds will be made after October 31st, 2017.

Photo Release

- By registering for the Ontario Branch, CSHP 69th Annual Conference, you have provided your release for the free use by Ontario Branch, CSHP for promotional purposes of any photographs taken of you or in which you may be seen during the meeting.

Fresenius Kabi Travel Grant Reimbursement for CSHP Members

- Ontario Branch CSHP is pleased to offer once again, to all *current Ontario Branch CSHP members*, reimbursement for travel and accommodation expenses incurred to attend the Ontario Branch AGM/Education Sessions!
- There will be up to \$250 provided to members who complete the attached Expense Claim Form and return it to Anne Stacey at the registration desk. Please note this is available on a 'first come-first serve' basis with a total of \$6,500 available from the Fresenius Kabi Travel Grant.

Please return registration to:

Anne Stacey, Ontario Branch Executive Assistant
Canadian Society of Hospital Pharmacists
30 Concourse Gate, Unit #3, Ottawa, ON K2E 7V7
Telephone: (613) 736-9733, Ext. 4 • Fax: (613) 736-5660 • E-mail: astacey@cshp.ca

For more information contact:

AGM & Education Sessions: Vivian Law at Vivian.Law77@gmail.com
Awards Program: Cathy Burger at cathy.burger@utoronto.ca

**Interested in becoming a CSHP member?
If so, ask about our 'New Member' incentive and discount programs.**

**Contact Robyn Rockwell
CSHP Membership Administrator
Telephone: (613) 736-9733, Ext. 222 * Fax: (613) 736-5660 * Email: rockwell@cshp.ca**

Or check out the CSHP website for membership information at www.cshp.ca