

SCSHP MEETING REGISTRATION FORM

All required information

Name _____ License # _____

Address _____ City, State Zip _____

Daytime Phone _____ Email Address _____

Place of Employment _____ Job Title _____

Area of Specialty (i.e., administrator, clinical, etc.) _____

PLEASE CHECK YOUR REGISTRATION CATEGORY

Registration includes all meal functions, refreshment breaks, and CE certification.

Non member registration fees will include membership in SCSHP.

___ Pharmacist: Member \$125

___ Pharmacist: Non-member \$200

___ *Technician: Member \$60

___ Technician: Non-member \$85

___ Student: Member \$60

___ Student: Non-member \$85

***BRING A FRIEND FOR FREE!**

TECHNICIAN MEMBERS PAYING FULL REGISTRATION CAN BRING A TECHNICIAN FRIEND AT NO CHARGE. SIMPLY COMPLETE THE BELOW FIELDS WITH YOUR FRIEND'S INFORMATION.

NAME: _____

ADDRESS: _____ CITY, STATE ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL: _____

NO EXTRA FEE FOR ON-SITE REGISTRATIONS

TOTAL FEES \$ _____

Payments must accompany registration form.

___ Visa ___ MasterCard ___ American Express ___ Check or Money Order

Account Number _____

Exp Date _____

Signature _____