

ASHP Pharmacotherapy Review and Recertification Course Registration Form



ASHP Pharmacotherapy Review and Recertification Course

December 6-7, 2025 | Mandalay Bay Convention Center | Las Vegas, Nevada

Register in advance and SAVE!

Register on or before November 7, 2025, to take advantage of special advance discount rates.

Register at [ashp.org/boardreview2025](https://www.ashp.org/boardreview2025)

REGISTRATION INFORMATION

ASHP ID Number (if applicable): _____

Name: _____
FIRST MIDDLE LAST

Title: _____

Name for Badge: _____

Home Address: _____
STREET

CITY STATE ZIP

Employer: _____

Employer Address: _____
STREET CITY STATE ZIP

CITY STATE ZIP

Daytime Phone: _____ Fax: _____

E-mail (required for meeting confirmation): _____

☐ By registering for this meeting, you agree to receive marketing and informational emails from ASHP and its partners for products and services, and agree that any information you provide may be stored, processed and/or transmitted by ASHP and its service providers in accordance with the ASHP Privacy Policy, available to view at www.ashp.org/privacy-policy.

What is your primary position? (please check one)

- ☐ Director of Pharmacy/Chief Pharmacy Officer
- ☐ Director
- ☐ Associate or Assistant Director
- ☐ Clinical Coordinator
- ☐ Other Supervisory Position
- ☐ Staff Pharmacist
- ☐ Clinical Pharmacist—General
- ☐ Clinical Pharmacist—Specialist
- ☐ Faculty
- ☐ Resident/Fellow
- ☐ Student
- ☐ Technician
- ☐ Medication/Patient Safety Officer
- ☐ Informatics/Technology Specialist
- ☐ Other: _____

ASHP'S LIVE PHARMACOTHERAPY REVIEW AND RECERTIFICATION COURSE

December 6-7, 2025 | 7:30 a.m.–6:30 p.m.

Please select your member category and package below.

You must select between the **Review Package** or the **Recertification Package**.

Check only one.

☐ **Review Package:** includes live course with educational materials (PDF); recorded course with expanded content; and practice exam

☐ **Recertification Package:** includes live course with educational materials (PDF), recorded course with expanded content, and recertification assessment (for recertification only)

Please check one.

ASHP Member	On or before November 7	November 8 and after	
Review Package	<input type="checkbox"/> \$590	<input type="checkbox"/> \$700	\$ _____
Recertification Package	<input type="checkbox"/> \$590	<input type="checkbox"/> \$700	\$ _____

Nonmember

Review Package	<input type="checkbox"/> \$735	<input type="checkbox"/> \$880	\$ _____
Recertification Package	<input type="checkbox"/> \$735	<input type="checkbox"/> \$880	\$ _____

Resident Member

Review Package	<input type="checkbox"/> \$295	<input type="checkbox"/> \$350	\$ _____
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Resident Nonmember

Review Package	<input type="checkbox"/> \$365	<input type="checkbox"/> \$440	\$ _____
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TOTAL FEES \$ _____

PCMCM25

Not a member? Visit www.ashp.org and select "join now" to join before you register.

THREE WAYS TO REGISTER

- ☐ **ONLINE** [ashp.org/boardreview2025](https://www.ashp.org/boardreview2025)
(It's the quick and easy way to go!)
- ☐ **CALL TOLL-FREE 1-866-279-0681**, Mon.–Fri. 8 a.m.–6 p.m. ET
International: **001-301-664-8700**
- ☐ **MAIL** registration form with check or money order payable to ASHP.
Checks must be drawn on a U.S. bank in U.S. funds.

ASHP Customer Registration Center
c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030
ashpregistration@spargoinc.com

REGISTRATION CANCELLATIONS, REFUNDS AND POLICIES

All meeting cancellations are subject to a \$75 handling charge. NO REFUNDS will be issued after November 14, 2025 (postmark or fax date). In the event that the in-person meeting is canceled, ASHP will provide a full refund. The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in any ASHP in-person or virtual meeting or event. To read these documents, visit the **REGISTER** page at midyear.ashp.org.

METHOD OF PAYMENT

- ☐ **Enclosed is my check or money order made payable to ASHP and drawn on a U.S. Bank.**
 - ☐ **Enclosed is my U.S. purchase order number \$_____.**
Please issue invoice.
 - ☐ **Charge \$_____ to my:** ☐ MasterCard ☐ VISA
☐ AmEx ☐ Discover
- Card #: _____ Exp. Date: _____
Signature: _____

By authorizing this charge, I certify that the above registration information is true and correct, and agree to be responsible for any additional charges.

Please Note: Payments to ASHP are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Only additional donations to the ASHP Research and Education Foundation are tax deductible.