

# REGISTRATION FORM

## Pharmacotherapy Review Program for Advanced Clinical Pharmacy Practice

September 10–12, 2011

Hong Kong

### PROGRAM REGISTRATION

Program registration includes enrollment in the 3-day live program and complimentary access to the online course of Updates in Therapeutics: The Pharmacotherapy Preparatory Review and Recertification Course, 2011 Edition.

### Registration Fee

	Registrations received on or before August 6	Registrations received after August 6
<input type="checkbox"/> Hong Kong Hospital Authority Pharmacist	US \$200.00	US \$250.00
<input type="checkbox"/> Non-Hong Kong Hospital Authority Pharmacist	US \$400.00	US \$450.00
Wire Transfer Fee	US \$35.00	US \$35.00
Total	US \$ _____	US \$ _____

### How to Register

1. ONLINE at <http://www.accp.com/education/hongkong.aspx>.
2. FAX your registration form to 1.913.492.0088.
3. TELEPHONE your registration to 1.913.492.3311.
4. MAIL your registration form with check or money order to:

American College of Clinical Pharmacy  
13000 West 87th Street Parkway, Suite 100  
Lenexa, KS 66215-4530

### Registration Confirmation

You should receive a confirmatory e-mail within 2 weeks of registration. The e-mail will include instructions on how to access the online course of the Updates in Therapeutics: The Pharmacotherapy Preparatory Review and Recertification Course. If you do not receive an e-mail, please call ACCP at 1.913.492.3311.

### PHOTO RELEASE

By registering for the Pharmacotherapy Review Program for Advanced Clinical Pharmacy Practice or its associated events, you have provided your release for free use by ACCP for promotional purposes of any photograph taken of you or in which you may be seen during the program.

### QUESTIONS?

E-mail ACCP at [accp.accp.com](mailto:accp.accp.com), call ACCP at 1.913.492.3311, or visit the program Web site at <http://www.accp.com/education/hongkong.aspx>.

## REGISTRATION INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation/institution (required for Hong Kong Hospital Authority pharmacists)

Hong Kong Hospital Authority pharmacist

Hospital: \_\_\_\_\_

Non-Hong Kong Hospital Authority pharmacist

Hospital/institution: \_\_\_\_\_

**Mailing address** (  home  work): \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime/mobile telephone: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

Have you attended any ACCP (American College of Clinical Pharmacy) meetings in the past 5 years?  Yes  No

Do you plan to obtain a specialty certification in the next two years?  Yes  No

If yes, which of the following specialties are you interested in?

- Ambulatory Care Pharmacy
- Nuclear Pharmacy
- Nutrition Support Pharmacy
- Oncology Pharmacy
- Pharmacotherapy
- Psychiatric Pharmacy

### Method of Payment

Total US \$ \_\_\_\_\_

Check or money order payable in U.S. funds to American College of Clinical Pharmacy

Bank draft or wire transfer payable in U.S. funds to American College of Clinical Pharmacy

Please send funds in US Dollars to Wells Fargo Bank, 420 Montgomery St., San Francisco, California, 94163 USA.

*Swift Code is WFBIUS6S, for the account of Bank of Blue Valley account number 4950040048 for final credit to Bank of Blue Valley Customer, American College of Clinical Pharmacy, account number 0817, ABA number 101005027.*

*All wire transfer charges are for the account of the remitter. Please include a US \$35 wire transfer fee in your payment. Please advise when wire transfer has been issued by e-mailing ACCP at pdye@accp.com or danthony@accp.com.*

Credit card

MasterCard  Visa  Discover  American Express

Card No.: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_  
(3- or 4-digit code on front or back of credit card)

Cardholder's name (print): \_\_\_\_\_

Cardholder's telephone No.: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**American College of Clinical Pharmacy**



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