

**Ontario Branch, Canadian Society of Hospital Pharmacists**  
**61<sup>st</sup> Annual General Meeting • November 14, 2009**  
**Faculty of Pharmacy, University of Toronto, Toronto, ON**

**2009 AGM REGISTRATION FORM**

Please complete the following form and send to CSHP by **Fri., Oct. 30, 2009**. Please note early bird date of **Fri., Oct. 16, 2009**.

**Registration Information** (Name badge will indicate this information.) Please print clearly.

CSHP Membership Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Mailing Address: Business  Home  \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Fax: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Email: \_\_\_\_\_

AGM FEES	CSHP Members		Non-Members		Student/ Resident/Technicians	
	Early	Late	Early	Late	Early	Late
Full Registration (includes Education Program and Awards Night Dinner)	\$115	\$145	\$155	\$185	\$60	\$85
Education Program Only	\$65	\$85	\$105	\$125	\$30	\$45
Awards Night Dinner Only	\$55	\$65	\$55	\$65	\$30	\$40

<table style="width: 100%;"> <tr> <td style="width: 80%;">Full Registration Fee</td> <td style="width: 20%;">\$ _____</td> </tr> <tr> <td>Education Program Only</td> <td>\$ _____</td> </tr> <tr> <td>Awards Night Only</td> <td>\$ _____</td> </tr> <tr> <td>5% GST (GST # 126829373 RT001)</td> <td>\$ _____</td> </tr> <tr> <td><b>Total Enclosed:</b></td> <td><b>\$ _____</b></td> </tr> </table>	Full Registration Fee	\$ _____	Education Program Only	\$ _____	Awards Night Only	\$ _____	5% GST (GST # 126829373 RT001)	\$ _____	<b>Total Enclosed:</b>	<b>\$ _____</b>	<p><b>List, in order of preference, workshops you would like to attend:</b></p> <p><input type="checkbox"/> A: Management of Hyperparathyroidism &amp; Hyperphosphatemia in CKD Patients</p> <p><input type="checkbox"/> B: Overdoses &amp; Antidotes</p> <p><input type="checkbox"/> C: Applying the Pharmaceutical Care Format</p> <p><input type="checkbox"/> D: Oncology Management – Student Workshop</p>
Full Registration Fee	\$ _____										
Education Program Only	\$ _____										
Awards Night Only	\$ _____										
5% GST (GST # 126829373 RT001)	\$ _____										
<b>Total Enclosed:</b>	<b>\$ _____</b>										

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

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- 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 5% GST.
- 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 16<sup>th</sup>, 2009**. 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

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- Registrations may be cancelled, in writing, without penalty up to October 16<sup>th</sup>, 2009.
- Cancellations after October 19<sup>th</sup>, 2009 will be assessed an administration fee of \$25.00.
- No refunds will be made after October 30<sup>th</sup>, 2009.

## Photo Release

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- By registering for the Ontario Branch, CSHP 61<sup>st</sup> AGM/Education Sessions and/or Awards Evening, 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.

**Please return registration to:**  
Susan Korporal, Ontario Branch Administrator  
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: [skorporal@cshp.ca](mailto:skorporal@cshp.ca)

For more information, contact Derek Leong at (416) 340-4800, Ext. 8106 or [derek.leong@uhn.on.ca](mailto:derek.leong@uhn.on.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: [rrockwell@cshp.ca](mailto:rrockwell@cshp.ca)

Or check out the CSHP website for membership information at [www.cshp.ca](http://www.cshp.ca)