



**SD Society of Health-System Pharmacists
34th Annual Conference**

REGISTRATION FORM
April 9th & 10th, 2010

**Rushmore Plaza
Holiday Inn
505 North 5th Street
Rapid City, SD**



Name: _____

Address: _____

City State Zip

E-Mail Address: _____

Practice Site: _____

Home Phone: _____

Business Phone: _____

Type of Practice:

Hospital Managed Care Home Care Student
 Retired Technician Other: _____

HOTEL RESERVATIONS

To receive these special rates, you **must** inform the hotel that you will be attending the **2010 SDSHP Conference**.

Note: Only reservations made prior to March 10th receive these rates.

605-348-4000

SDSHP CONFERENCE CANCELLATION POLICY

Cancellations will be accepted in writing or via e-mail to the SDSHP office prior to March 10, 2010. No cancellations will be accepted after that time. A \$15 cancellation fee will be applied to all cancellations. Refund checks will be issued after April 30, 2010.

Circle your choice(s)	SDSHP R.Ph. Member	SDSHP Tech/Associate Member	Student	R. Ph. SDSHP Non-Member	Tech. SDSHP Non-Member	Spouse/Guest (Meals)	PharmD Resident Member	PharmD Resident Non-Member
Full Registration**								
Before March 10	\$150	\$50	\$25	\$200*	\$65*	\$50	\$100	\$150*
After March 10	\$175	\$60	\$30	\$225*	\$75*	\$55	\$125	\$175*
One Day Registration***								
Friday - April 9	\$110	\$40	\$15	\$110	\$40	\$30	\$75	\$75
Saturday, April 10	\$90	\$35	\$15	\$90	\$35	\$30	\$50	\$50

Make Check Payable to: SDSHP

Total Enclosed \$ _____

*Registration Fee includes membership for 2010.
**Full Registration includes all educational sessions, exhibits, meals.
***One-Day Registration includes educational sessions, exhibits and meals for that day only.

PAYMENT MUST ACCOMPANY REGISTRATION FORM

If your practice site is paying for your registration, please have someone from your Business Office contact SDSHP (telephone: 605-627-5363) or (e-mail: sdshp@mchsi.com) ASAP for information on how to proceed with the registration and payment procedure.

Registration will also be accepted at the door for an **additional \$50.00 fee.**

Check or Money Order Payment: SDSHP,
PO Box 7100 - University Station, Brookings,
SD 57007-7100

Credit Card Payment: www.sdshp.com

____ CHECK HERE IF YOU HAVE SPECIAL NEEDS OR REQUIRE SPECIAL ACCOMMODATIONS

Tax ID#: 46-0339056