

**FSHP 41<sup>st</sup> Annual Meeting**  
**August 3-5, 2007**

**On-Site Registration Form**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address for C.E. Certificate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

FL License Number **PS** \_\_\_\_\_ FL License Number **PU** \_\_\_\_\_

**Full Registration Fees**

Member	** Non-Member	Resident	Student	Technician	**Technician
Pharmacist	Pharmacist			Member	Non-Member
O \$350	O \$490	O 125	O 75	O \$125	O \$170

\*RPh Registration & Membership O \$497

\*Technician Registration & Membership O \$165

**One Day Registration Fees**

	Member	**Non-Member	Resident	Student	Technician	**Technician
	Pharmacist	Pharmacist			Member	Non-Member
Friday	O \$170	O \$315	O \$100	O \$50	O \$ 65	O \$100
Saturday	O \$170	O \$315	O \$100	O \$50	O \$ 85	O \$120
Sunday	O \$170	O \$300	O \$100	O \$50	O \$ 65	O \$100

\*Registration/Membership Fees includes membership in FSHP until July 1, 2008.

\*\*Non-Member Fees include membership in FSHP until July 1, 2008.

**Method of Payment**

Total Fees \$ \_\_\_\_\_

Check or money order    MasterCard    VISA    American Express

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_