

**REGISTRATION: 16th Annual All-Ohio Residency Showcase
RESIDENCY SITE REGISTRATION**

First Name _____

Last Name _____

Street Address _____

City _____

State _____

Area code _____

Phone _____

Email _____

Name of health-system if applicable _____

One table can host more than one program if desired. However, there is a MAXIMUM of **FOUR** recruiters per table. Additional recruiters are permitted for extra \$30/recruiter. Standard table length 6'.

Number of tables _____

Name of program (s) _____

Please indicate positions recruiting for (choose as many as applies):

PGY1 program; number of positions _____

PGY2 program; number and specialty _____

Fellowship program; number and specialty _____

*If multiple programs represented per table, please indicate number of PGY1 and/or PGY2 positions per program. Attach separate documentation if necessary.

Please indicate your Showcase Preference (Session preference is not guaranteed but will depend on program size and venue)

Morning Showcase (9:00 AM – 11:30 AM)

Afternoon Showcase (2:00 PM – 4:30 PM)

Please indicate number of expected attendees to preceptor development CE _____

Please check your registration fee:

Residency Site Deadline: October 4th, 2019

	Registration before or	On-site or late
	on deadline	registration
<input type="checkbox"/> Residency Site	\$ 400 / table	\$ 425 / table
Plus _____	additional site representatives at \$30 each:	\$ _____

Payment Method: Enclosed (do not mail cash)

To pay by credit card, please visit www.ohioshp.org to register. OSHP currently accepts the following credit cards: American Express, MasterCard and VISA. OSHP is unable to accept credit cards by phone, fax, email, or by mail. Register online at www.ohioshp.org or mail to: Ohio Society of Health-System Pharmacists; 5329 Fayette Avenue, Madison, WI, 53713