

# Second Annual Meeting

of the

# Tennessee Society of Student Pharmacists (TSSP)

**ACT NOW!**  
Register by  
February 10  
and SAVE!

**Saturday, February 20, 2010**  
**Lipscomb College of Pharmacy**  
**Nashville, Tennessee**

*TSSP is an organization representing all  
student pharmacists in Tennessee.*



**To reserve your spot** at the Second TSSP Annual Meeting at Lipscomb College and the Welcome Reception at the Cadillac Ranch, please complete this form and fax it to 615-255-3528, mail it to TPA, 500 Church Street, Suite 650, Nashville, TN 37219, or call TPA, 615-256-3023.

**If you have questions** about the meeting, you may contact McKenzie.Calhoun@gmail.com (TSSP President), Jenny.Easterling@gmail.com (TSSP President-Elect), or TPA at 615-256-3023.

[Information entered below will be used to update your record in the TPA/TSSP database.]

Full Name: \_\_\_\_\_

Preferred/Call-by Name: \_\_\_\_\_ School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

THIS ADDRESS IS:  SCHOOL  HOME  WORK  
 THIS IS ALSO MY PREFERRED ADDRESS FOR  
TPA CORRESPONDENCE.

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: (1) \_\_\_\_\_ (2) \_\_\_\_\_

I will attend TSSP's Annual Meeting – \$60 if postmarked on or before Feb. 10; \$70 if after Feb. 10: \$ \_\_\_\_\_

I am a TSSP member, **OR**

I need to join TSSP so I can attend the TSSP Annual Meeting. (Add \$20 at right.) \$ \_\_\_\_\_

*The celebration at Cadillac Ranch is for TSSP Annual Meeting registrants only. There is no charge for this fun night out on the town, but you must check one of the following options in order to attend:*

I will attend the celebration at Cadillac Ranch. I am at least 21 years of age.

I will attend the celebration at Cadillac Ranch. I am not 21 years of age and will not consume alcohol.

..... **TOTAL \$** \_\_\_\_\_

Check enclosed, **payable to TPA**  MasterCard  Visa  AmEx

Card Number \_\_\_\_\_

Security Code\* \_\_\_\_\_ \* Security Code (required): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of American Express

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_