

Tennessee Society of Student Pharmacists Fourth Annual Meeting Registration

DoubleTree Hotel | Saturday, February 25, 2012 | Nashville, TN



**Hotel rooms are available at the student rate of \$119 if reserved by January 23!!
To reserve your room, contact the hotel directly: 615-244-8200.**

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

Full Name: _____ Preferred: _____
First Middle Last

Mailing Address: _____
Street

City, State, Zip: _____

School: _____ Graduation Year: _____

Birthdate (REQUIRED): ____/____/____ Home Phone: (____) _____ Cell: (____) _____

E-mail: (1) _____ (2) _____

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

TPA Leadership Position: President / President-elect MAL Delegate
 ** Note that MALs are requested to attend **BOTH** the **TSSP Annual Meeting** and the **TPA MidYear Meeting**. Delegates are strongly encouraged to attend both meetings. However, delegates may attend only the House of Delegates on February 28, at no charge. **

TSSP Membership **Fee**
 I am not a member and need to join TSSP in order to attend the Annual Meeting. \$20 \$ _____

TSSP Annual Meeting, Saturday, February 25
 I will attend, and my registration is faxed or postmarked on or before February 6. \$65 \$ _____
 I will attend, and my registration is faxed or postmarked after February 6. \$75 \$ _____

Closing Reception: Art Alchemy at Rymer Gallery, Saturday, February 25, 6:30 pm
 I will attend the Reception. (included) \$ 0

TPA MidYear Meeting, Monday and Tuesday, February 27-28
 I will attend the TPA MidYear Meeting. \$100 \$ _____
 I will attend only the TPA House of Delegates meeting. (included) \$ 0

TOTAL \$ _____

Payment Method

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 _____

- Fax completed form to 615-255-3528, or
- Mail to:
 Tennessee Pharmacists Association
 500 Church Street, Suite 650
 Nashville, TN 37219
- If you have questions, please call TPA at 615-256-3023 or email Shanna Harris, TSSP President, at harrissn@pop.belmont.edu.



TSSP represents all student pharmacists in Tennessee.