



West Virginia Society of Health System Pharmacists

3rd Annual Statewide Residency Showcase

Registration Form

Program Name: \_\_\_\_\_

Program Director: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of representatives attending: \_\_\_\_\_

If staying for the Residency Panel Discussion:

\_\_\_\_\_ Number staying for lunch

Registration rate:

Not participating in the Residency Panel Discussion (\$200)

Participating in the Residency Panel Discussion (\$100)

Please submit check made payable to West Virginia Society of Health System Pharmacists and completed form by September 15<sup>th</sup> to:

Chris Booth  
Coon Education Building  
One John Marshall Drive  
Huntington, WV 25755