

ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS
ABHP Luncheon, Venetian Resort Hotel, Room 701-702, Las Vegas, Nevada
Wednesday, December 9th, 2009
TICKET ORDER FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Business Phone (_____) _____

Place of Employment _____ City/State _____

Email _____

TICKET FEES

| | Fee per Person | No. Tickets Requested | TOTAL (\$) |
|--|---------------------------|----------------------------------|-------------------|
| <input type="checkbox"/> ABHP Active Members | \$ 60 | _____ | _____ |
| <input type="checkbox"/> Non-Member/Pharmacists | \$ 60 | _____ | _____ |
| <input type="checkbox"/> Pharmacy Student/Intern/Resident | \$ 60 | _____ | _____ |
| <input type="checkbox"/> Pharmacy Technician | \$ 60 | _____ | _____ |
| <input type="checkbox"/> Table | \$ 600 | _____ | _____ |
| Total | | | _____ |

The ABHP welcome all students. Attendees who purchase Banquet tickets may sponsor a student by purchasing a student ticket at a discounted rate when the tickets are purchased in one transaction.

* **I want to purchase Banquet tickets for students @ \$35.00 each x _____ # of students = \$_____.**
 Please indicate the student name and school attending

Total Amount \$ _____. Make checks payable to the **Association of Black Health-System Pharmacists, 13 Beauvoir Court, Rockville, MD 20855-1250 • (301) 330-2043 • FAX (Credit Card Only) 301-947-3221**

Charge to: Discover VISA Master Card Card Number _____

Cardholder's Signature: _____