

# 2017 Tri-State Health-System Pharmacy Summit

## Residency Program Showcase

*Friday, September 29th, 2017*

DoubleTree by Hilton Hotel

455 S Broadway, Tarrytown, NY, 10591

914-631-5700 [DoubleTree](http://www.doubletree.com)

### Sponsored by:

Connecticut Society of Health-System Pharmacists

New Jersey Society of Health-System Pharmacists

New York State Council of Health-system Pharmacists

11:00 a.m. - 1:00 p.m.

### Exhibit Hall, Lunch, Residency Program Showcase

The Residency Program Showcase is an opportunity for students from the Northeast to meet with representatives from regional residency programs and learn about those programs.

### WHO SHOULD ATTEND?

Anyone who would like an additional opportunity to meet with hospital representatives from Northeast residency programs.

### ATTIRE

Business Casual

### HOTEL INFORMATION

DoubleTree by Hilton Hotel

455 South Broadway Tarrytown, NY

914/631-5700

[www.tarrytown.doubletree.com](http://www.tarrytown.doubletree.com)

### OPT OUT

Please note: If you do not wish to be included on the attendee list (name/credentials/affiliation only) that may be made available to other exhibitors, sponsors and attendees, contact CSHP, NJSHP or NYSCHP to "opt out".

### PREVIOUS RESIDENCY PROGRAM PARTICIPANTS

Montefiore Medical Center, NY, NY

Northwell Health, Long Island, NY

Strong Memorial Hospital, Rochester, NY

Farleigh Dickinson University, Teaneck, NJ

Hunterdon Medical Center, Flemington, NJ

Kennedy University Hospitals, Stratford, NJ

Saint Barnabas Medical Center, Livingston, NJ

VA CT Healthcare System, West Haven, CT

Hartford Hospital, Hartford, CT

Waterbury Hospital, Waterbury, CT

Yale New Haven Hospital, New Haven, CT

**Residency Directors: If you would like to participate, please contact Paul Goebel @ [p.goebel@kenedyhealth.org](mailto:p.goebel@kenedyhealth.org).**

**If you are able, we invite you to stay for the 1:00 - 2:30 leadership workshop.**

**Pharmacy Leadership Development Workshop** The goal of this program is to spark student, resident and new practitioner awareness of and interest in leadership opportunities within our profession, and to provide you with useful strategies to advance your role as a future pharmacy leader. Everyone has leadership potential. If you are interested in a future clinical or administrative leadership role, here's where you can get an informed over- view of the state of leadership in the profession and start building an impressive CV.

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### Residency Program Showcase Registration

Students/Residents Early Bird by September 16<sup>th</sup>: \$25 After September 16<sup>th</sup>: \$35

Participating Hospitals: There is no charge to participate in the Residency Program Showcase but at least one hospital pharmacist must register for the conference and represent your program. [Click for Conference Brochure](#)

Early Bird by September 16<sup>th</sup>:  
After September 16<sup>th</sup>:

Member Pharmacists - \$125  
Member Pharmacists - \$150

Non-member Pharmacists - \$150  
Non-member Pharmacists - \$175

Cancellation requests must be received in writing at the Society headquarters through which you registered. A \$25.00 administrative fee will be deducted from the registration fee for cancellations received by August 31<sup>st</sup>, 2017. After August 31<sup>st</sup>, 2017, there will be no refunds for cancellation.

#### How to Register:

Mail/fax a completed registration form with a check or credit card information to the office of the Society in the state in which you work or have a membership. Online credit card registration also is available.

**CSHP:** 591 North Avenue, Ste. 3-2 Wakefield, MA 01880 888/506-3784 [office@cshponline.org](mailto:office@cshponline.org)  
F:781/245-6487 Online credit card registration: [www.cshponline.org/attendeeregistrationform.html](http://www.cshponline.org/attendeeregistrationform.html)

**NJSHP:** 760 Alexander Rd, Princeton, NJ 08543 609/936-2205 [swilliam@njha.com](mailto:swilliam@njha.com) f: 609/228-5434  
Online credit card registration: [www.njshp.org/Home.aspx](http://www.njshp.org/Home.aspx)

**NYSCHP:** 210 Washington Avenue Extension Albany, NY 12203 518/456-8819 [nyschpweb@nyschp.org](mailto:nyschpweb@nyschp.org)  
F: 518/456-9319 Online credit card registration: [www.nyschp.org](http://www.nyschp.org)

#### Meeting Cancellation

In case of inclement weather, please call your State's Headquarters or DoubleTree by Hilton Hotel 914/631-5700.

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#### PLEASE PRINT CLEARLY

FULL NAME AND CREDENTIALS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BADGE NAME: \_\_\_\_\_ AREA CODE/TELEPHONE: \_\_\_\_\_ / \_\_\_\_\_

EMAIL: \_\_\_\_\_

I AM A MEMBER OF \_\_\_ CSHP \_\_\_ NJSHP \_\_\_ NYSCHP NABP E-PROFILE #: \_\_\_\_\_ BIRTH MONTH/DAY \_\_\_ / \_\_\_

CHECK ENCLOSED: \$ \_\_\_\_\_ OR CHARGE \$ \_\_\_\_\_ TO MY CREDIT CARD

CHECK ONE: \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (MM/YY): \_\_\_ / \_\_\_ CVV CODE \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_