

2018 Tri-State Health-System Pharmacy Summit

Residency Program Showcase

Friday, September 21, 2018

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 10591

914/631-5700

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 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 @ Paul.Goebel@jefferson.edu

Remember to stay for Career Marketing Insights from Pharmacy Hiring Managers – What are we looking for in candidates for residency and your first job? Panel Discussion 1:00 – 2:30 pm.

This program will help prepare you to interview for a residency or pharmacist position. Please take advantage of this opportunity to hear from hiring managers and ask questions on what they are looking for when recruiting candidates.

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Residency Program Showcase Registration

All participants at the Residency Program Showcase must also register for the Tristate Conference.

Students/Residents Early Bird by September 7th: \$25 After September 7th: \$35

Participating Hospitals: There is no charge to staff a table at the Residency Program Showcase, but all staff MUST register for the conference to attend and represent your program.

Early Bird by September 7th:
After September 7th:

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 September 7, 2018. After September 7, 2018, 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
F:781/245-6487 Online credit card registration: www.cshponline.org/attendeeregistrationform.html

NJSHP: 760 Alexander Rd, Princeton, NJ 08543 609/936-2205 swilliam@njha.com F: 609/228-5434
Online credit card registration: www.njshp.org/Home.aspx

NYSCHP: 230 Washington Avenue Extension Albany, NY 12203 518/456-8819 office@nyschp.org
F: 518/456-9319 Online credit card registration: www.nyschp.org

Meeting Cancellation

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

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: _____