



Register at the  
Full Seminar Rate for  
Alcaldé (12<sup>th</sup>-13<sup>rd</sup>) & the  
TSHP Annual Seminar  
(12<sup>th</sup>-15<sup>th</sup>) and  
**SAVE 20% \***

**Alcaldé 2012**  
**April 12 - 13, 2012**  
**Hyatt Regency Hotel**  
**Dallas, Texas**

**REGISTER TODAY**

#### **PLATFORM PRESENTATIONS**

Alcaldé 2012, the 26<sup>th</sup> Annual Southwest Leadership Conference, intends to provide encouragement and learning experiences which will promote creativity, scholarship and leadership, and will promote the presentation of evidence-based research. To the extent possible, the process adopted for presentation at Alcaldé is patterned after that of ASHP, so as to provide a practical experience in getting ready for a national presentation.

Platform Presentations have been submitted in the following categories:

- Clinical Research
- Command Performance Reports
- Evaluative Studies
- Descriptive Reports
- Research-In-Progress
- Case Studies in Hospital Pharmacy Management
- Laboratory Research

**Want a quick and easy way to register?**  
**Register online at [www.tshp.org](http://www.tshp.org).**

1. Just click the Alcalde registration link on the home page of [www.tshp.org](http://www.tshp.org) and login or sign-up.
2. Click the "Browse Events" link under the Meetings & Events.
3. Select "Alcaldé 2012 Southwest Leadership Conference."

*\* Discounts offered through a rebate program. Send your registration confirmation e-mails for both events to [Leah.Cody@tshp.org](mailto:Leah.Cody@tshp.org) and mention the 20% discount. All rebates will be processed following the conclusion of the Annual Seminar.*

# Alcáldé 2012 - Registration Form

Please PRINT and use one form per person/registrant.  - Special Dietary/Accessibility Needed (*Send E-mail to [foundation@tshp.org](mailto:foundation@tshp.org)*)

Name: \_\_\_\_\_ Nickname for Badge: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer/Institution: \_\_\_\_\_ Employer City (for badge): \_\_\_\_\_

Position (Job Title): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position:  - PGY1  - PGY2  - Preceptor  - Other: \_\_\_\_\_

## 1. SEMINAR REGISTRATION SECTION *(Required)*

Full Seminar Registration	Before March 17	March 17 - April 15
Pharmacist	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Resident & Fellow	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Student	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75

## 2. FOOD FUNCTION SECTION *(Required)*

*The meals below are included in your registration. Please indicate which you will attend to assure adequate space and food.*

**Alcáldé Breakfast** (Friday, April 13, 7:30 - 8:15 a.m.)

**Yes, purchase my meal!**

**Alcáldé Luncheon** (Friday, April 13, 12:00 - 1:00 p.m.)

**Yes, purchase my meal!**

## 4. Preferences & Notifications *(Required)*

- I ACKNOWLEDGE: Alcáldé reserves the right to use any photograph/videography taken during any event without the expressed written permission of those included within the photograph. Any person desiring not to have their photo taken or distributed must contact the TSHP Office in writing of their intentions and include a photograph. The photo will be used for identification purposes and will be held in confidence by TSHP.
- I ACKNOWLEDGE: All requests for refunds must be in writing. A \$25 administrative fee will be charged for all refunds. No refunds after March 17, 2012. Payments to the TSHP R&E Foundation are not deductible as charitable contributions for federal income purposes. However, they may be deductible under other provisions of the IRS Code.

### METHOD OF PAYMENT

**Register ONLINE at [www.tshp.org](http://www.tshp.org).** OR Make checks or money orders payable to:  
TSHP R&E Foundation • 3000 Joe DiMaggio #30A • Round Rock, TX 78665-3994 • Tax ID #23-7296288

Check  MC  VISA  AMEX  Discover

**Total Amount:** \_\_\_\_\_ **CC #:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Fax credit card registrations to (512) 852-8514.