



**West Virginia Society of Health Systems Pharmacists
4th Annual Statewide Residency Showcase
Registration Form**

Program Name: _____
Program Director: _____
Address: _____ City: _____ State: _____
Phone Number: _____ Email Address: _____
Number of Representatives Attending: _____
Names of Attendees:

Lunch:

Number of vegetarian meals: _____ Number of beef sandwiches: _____
Number of ham sandwiches: _____ Number of turkey sandwiches: _____

Please submit check for \$150 made payable to WVSHP and return this registration form by **October 5, 2018** to:

WVSHP
P.O. Box 590
Culloden, WV 25510

The registration form can be emailed to:
Megan Elavsky, PharmD, Residency Showcase Co-Coordinator
Megan.elavsky@hsc.wvu.edu