



The New York State Council of Health-system Pharmacists

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2015 HOUSE OF DELEGATES
April 23 & April 25, 2015

Delegate Registration Form

Please check one of the following:

1. I will be registering for the Full Program of the 2015 Annual Assembly.
2. I will not be registering for the Full Program of the 2015 Annual Assembly.

CHAPTER NAME: _____

DELEGATE NAME: _____

Please return this form to
NYSCHP
Attn: Carol Bizan at cbizan@nyschp.org
March 15, 2015