**The New York State Council of Health-system Pharmacists**



210 Washington Avenue Extension  Albany, NY 12203 (518) 456-8819  Fax: (518) 456-9319

**2016 HOUSE OF DELEGATES**

April 28 & April 30, 2016

 **Delegate Registration Form**

Please check one of the following:

1. I will be registering for the Full Program of the 2016 Annual Assembly.

2. I will not be registering for the Full Program of the 2016 Annual Assembly.

CHAPTER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELEGATE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to NYSCHP

Attn: Carol Bizan at cbizan@nyschp.org

March 15, 2016