



ABHP Insider Report

Association of Black Health-System Pharmacists

December 2008

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INSIDE THIS ISSUE:

- ABHP Events at MCM
- Renew Your Membership Today
- Keep your contact information current
- ABHP Calendar

ABHP EVENTS AT MCM!!

Annual ABHP Reception

You don't want to miss the ABHP Reception on **Sunday, December 7, 2008** from 7:00 PM until. The Reception will be held at the **1112 Lounge**, 843 Lee Road, Orlando, Florida. Great opportunity to network and socialize!!!!

Annual ABHP Luncheon

You don't want to miss the Annual Luncheon on **Wednesday, December 10, 2008**. The Luncheon will be held at the Peabody Hotel, Plaza A, Orlando, Florida. Please purchase your ticket in advance.

Featured speakers:

- Dr. Kevin J. Colgan, M.A., FASHP, ASHP President
- Dr. Henri Manassee, ASHP EVP and CEO
- Jasper W. Watkins III, M.S.A., ABHP Immediate-Past President
- Dr. Patricia Gallineau, Pharm.D., ABHP President

Consider sponsoring a student by purchasing an extra luncheon ticket. Tickets may be purchased for students at a reduced fee if both tickets are purchased in one transaction. Tickets may be purchased in five ways:

- (1) FAX the Luncheon Ticket Order Form to (301) 947-3221 (*Credit Cards only*)
- (2) Online ticket purchase. Is not available at this time. Visit our website at www.myabhp.org in 1 week. (*Credit Cards only*)
- (3) Phone your ticket order to (301) 330-2043 (*Credit Cards only*).
- (4) Mail your Ticket Order with credit card information or check or money order payable

to: ABHP, 13 Beauvoir Court, Rockville, Maryland 20855-1250

- (5) On Site - Tickets may be purchased at the ASHP Registration Desk in the Orange County Convention Center when you register for the meeting and up to 24 hours prior to the Luncheon event.

Ticket Order Forms can be downloaded and printed from the ABHP Website at www.myabhp.org.

Come visit our booth

Come meet members of the board of directors and council chairs. We will have stations open to renew your membership on the spot. We will be located at booth 1377 in the Orange County Convention Center. Please see link below for map. <http://fp37.a2zinc.net/clients/fpashp/2008MidYear/public/fpHTML.aspx>

JOIN OR RENEW YOUR ABHP MEMBERSHIP

Renew your membership or join ABHP today! When you join today, you will enjoy the many opportunities to be involved in ABHP that go beyond merely being a member. You can serve your profession, special patient populations, and your community, and at the same, develop and improve your leadership and organizational skills as an elected officer, council member, or speaker at ABHP symposia. These are just a few of the benefits joining ABHP entails. Payment of your dues can be effected in 4 ways:

Credit Card payment:

1. FAX your membership application form to: (301) 947-3221 (*Credit Cards only*). Visit our website at www.myabhp.org to download an application form.
2. Online dues payment. Is not available at this time. Visit our website at www.myabhp.org in 1 week. (*Credit Cards only*)

3. Phone your membership dues payment to (301) 330-2043 (*Credit Cards only*).
4. **Check or Money Order:** Mail your membership dues application form with check or money order payable to ABHP, 13 Beauvoir Court, Rockville, Maryland 20855-1250

Join or renew today – it's worth it

KEEP YOUR CONTACT INFORMATION CURRENT

To ensure that your contact information is current, and that you continue to receive newsletters and other ABHP information, please complete the Membership Application and Change of Address Form: <http://www.myabhp.org/membership.pdf>

VOLUNTEERS ACCEPTED FOR ABHP COUNCILS

If you think that you can make a difference in the Association, chances are you can. One of the ways to get involved in ABHP is to serve on one of its many Councils.

Council on Administrative Affairs:

- administration and management of business and professional programs
- policies and procedures
- public relations.

Council on Educational Affairs:

- educational activities and administration of educational programs.

Council on Organizational Affairs:

- review of the Constitution and Bylaws
- membership
- affiliated relations.

Council on Professional Affairs:

- recognition of members' achievements
- member communication services
- pharmacy practice standards and research.

Council on Student Affairs:

- assuring a strong student membership base.

Volunteers are needed to serve on all the councils. To volunteer, email jclark@jhs-miami.org. For a description of the Council responsibilities, go to:

<http://www.myabhp.org/Volunteer%20Handbook1-ABHP2005.pdf> and download a copy of the ABHP Volunteer Handbook. Put your skills to use today for the success of the Association.

"Everybody can be great...because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and verb agree to serve...You only need a heart full of grace, a soul generated by love."
Martin Luther King, Jr.

ABHP CALENDAR

Save the Date:

June 12-13, 2009: ABHP Annual Meeting and Minority Health Conference, Intercontinental, Rosemont, IL



ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS

ABHP Luncheon

Peabody Hotel, Plaza A, Orlando, Florida

WEDNESDAY, DECEMBER 10TH, 2008

TICKET ORDER FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Business Phone (_____) _____

Place of Employment _____ City/State _____

Email _____

TICKET FEES

	Fee per Person	No. Tickets Requested	TOTAL (\$)
<input type="checkbox"/> ABHP Active Members	\$ 60	_____	_____
<input type="checkbox"/> Non-Member/Pharmacists	\$ 60	_____	_____
<input type="checkbox"/> Pharmacy Student/Intern/Resident	\$ 50	_____	_____
<input type="checkbox"/> Pharmacy Technician	\$ 50	_____	_____
<input type="checkbox"/> Table	\$ 500	_____	_____
Total			_____

The ABHP welcome all students. Attendees who purchase Banquet tickets may sponsor a student by purchasing a student ticket at a discounted rate when the tickets are purchased in one transaction.

* **I want to purchase Banquet tickets for students @ \$45.00 each x _____ # of students = \$_____.** Please indicate the student name and school attending

Total Amount \$ _____. Make checks payable and mail to the *Association of Black Health-System Pharmacists, 13 Beauvoir Court, Rockville, MD 20855-1250 • 301-330-2043 • FAX (Credit Card Only) 301-947-3221*

Charge to: Discover VISA Master Card Card Number _____

Cardholder's Signature: _____

Association of Black Health System Pharmacists
2910 Kerry Forest Parkway, Suite D4-393, Tallahassee, Florida 32309 • (888) 834-0603
Membership Application - Change of Address
(Please print)

(Mr. Mrs., Dr., etc) First Name Initial Last Name

Business Name Business Phone (Area Code + #)

Business Mailing Address

City State ZipCode

Home Address

City State ZipCode

Home Phone: () FAX Number ()

Email Preferred Mailing Address: Home Business

New Member Sponsor Name: *(The person who recruited and/or encouraged the member to join)*

Last Name: First Name Initial/Middle

- | | | |
|---|--|--|
| <input type="checkbox"/> Hospital Staff Pharmacist | <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> Director of Pharmacy |
| <input type="checkbox"/> Assistant/Associate Director | <input type="checkbox"/> Community Pharmacist | <input type="checkbox"/> College/Univ. Faculty |
| <input type="checkbox"/> Supervisor/Manager | <input type="checkbox"/> Pharmaceutical Industry | <input type="checkbox"/> Student or Intern |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Pharmacy Resident | <input type="checkbox"/> Other _____ |

I would be interested in serving on the following Council (s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative Affairs | <input type="checkbox"/> Educational Affairs | <input type="checkbox"/> Organizational Affairs |
| <input type="checkbox"/> Professional Affairs | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> Pharmacy Technicians |

Please check the membership category for which you are applying:

<input type="checkbox"/> Active (Pharmacist)	\$ 100.00	_____
<input type="checkbox"/> Associate (Non-Voting)	\$ 100.00	_____
<input type="checkbox"/> Pharmacy Student/Intern	\$ 35.00	_____
<input type="checkbox"/> Pharmacy Technician	\$ 35.00	_____
<input type="checkbox"/> ABHP Foundation Donation <i>(non-profit ID# 59-2477500)</i>		_____
TOTAL		_____

Total Amount Enclosed \$ _____ Make checks payable to the *Association of Black Health-System Pharmacists* and mail, with this form to: **ABHP Membership, 13 Beauvoir Court, Rockville, Maryland 20855-1250** or FAX to (301) 947-3221.

Charge to: AMEX Master Card VISA Card Number _____

Cardholder's Signature _____

Date _____

To join online visit our web site at www.myabhp.org

ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS

2910 Kerry Forest Parkway, Suite D4-393
Tallahassee, Florida 32309

Forwarding and Address Correction Requested

