



Maryland Society of Health Systems Pharmacists
 and the Pharmacist Education & Advocacy Council
ALL-DAY CE SEMINAR - Fall Session
 Saturday, November 12, 2011
 Conference Center at the Maritime Institute
Preliminary Programming & Schedule



7:00 am - 8:25 am Registration, Continental Breakfast & Exhibitor Visits 7:00 - 8:15 am - <i>Directors of Pharmacy Leadership Breakfast</i> 8:30 am -9:20 am Optimizing Bone Health in Cancer Patients <i>Jane M Pruemmer, PharmD, BCOP, FASHP, Professor</i> <i>James L. Winkle College of Pharmacy</i> <i>University of Cincinnati</i> 9:30 am-10:30 am The Pharmacist's Role in the Prevention & Treatment of Breast Cancer <i>James Trovato, PharmD, MBA, BCOP</i> <i>Associate Professor, University of Maryland School of Pharmacy</i> 10:30 am - 11:00 am Break with Corporate Sponsors 11:00—12:00 noon Health Care Reform <i>David Chen, RPh, MBA, Director of Pharmacy</i> <i>Practice Sections, ASHP</i> 12:00 - 1:30 pm Luncheon, Fall Awards Presentation, Installation of 2012 MSHP Board & Officers	1:30 - 2:30 pm New Antibiotics: In Short Supply and Fewer to Come <i>Edina Avdic, Pharm.D., MBA, BCPS, AQ-ID,</i> <i>Clinical Specialist, The Johns Hopkins Hospital</i> 2:30 - 3:30 pm Keep Young and Beautiful: HIV and Women 2011 <i>Beulah Perdue Sabundayo, PharmD</i> 3:30 - 4:30 pm Drug Dependency & Recovery <i>A First Hand Account</i>
TECHNICIAN TRACK Too Many to Count: Herbal Drug Interactions with Warfarin <i>Kathryn Kiser, PharmD</i> <i>Assistant Professor,</i> <i>University of Maryland School of Pharmacy</i> 9:30 am-10:30 am Cervical Cancer Update <i>Katharine McGrath Kinsman, PharmD</i> <i>The Johns Hopkins Hospital</i>	

EARLY REGISTRATION

Name _____ Pharmacy/Organization _____

Mailing Address _____ City, State, Zipcode _____

Daytime phone number _____ E-mail address _____

Registration Fees

Method of Payment

PHARMACISTS

	Until	After
	11/07/11	& On-Site
_____ Member	\$ 95.00	\$105.00
_____ Non-Member	\$115.00	\$125.00

- Check Enclosed Visa
 MasterCard American Express

RESIDENTS &/OR TECHNICIANS

_____ Member	\$ 35.00	\$45.00
_____ Non-Member	\$ 55.00	\$65.00

_____ **STUDENTS** **\$ 25.00** \$30.00

_____ Credit Card # _____ Exp. Date _____

_____ Expiration Date _____

* All refund requests must be made in writing to MSHP Headquarters and postmarked no later than Wednesday November 9, 2011

_____ Name as it appears on card _____

RETURN TO MSHP HEADQUARTERS - BY MAIL OR FAX TO: 410/465-7073
SIGN UP DIRECT ON LINE - AT www.msph.org