



New Jersey Society Of Health-System Pharmacists

Dear Member,

This is an invitation for you to get involved in the meetings and councils of the NJSHP. Please complete the information below and return this form via mail or FAX to:

Stella L. Williams
New Jersey Society of Health-System Pharmacists (NJSHP)
760 Alexander Road, PO Box 1
Princeton, NJ 08543-0001
FAX: 609.936.2176

Thank you in advance for your participation.

Please check all that you might be interested in:

Council Committees

- Professional Affairs
- Educational Affairs
- Organizational Affairs
- Technician Affairs
- Public Policy
- Other (specify) _____

Annual Meeting

- Poster/Abstract Reviewer
- College Bowl Judge
- Poster Judge
- Submitting Questions for College Bowl
- Other (specify) _____

Speaker's Bureau Speaker at a Chapter Meeting

Area(s) of Expertise _____

Contact Information

Please note that an active NJSHP membership is required to participate in any of the above checked items.

Last Name _____ First Name _____

Title/Credentials _____

Phone _____ Fax _____ E-Mail _____

Local Chapter: _____