



New Jersey Society Of Health-System Pharmacists

760 Alexander Road, P.O. Box 1
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Telephone: (609) 936-2205
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www.njshp.org

Dear Member,

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

Stella L. Williams
New Jersey Society of Health-System Pharmacists (NJSHHP)
760 Alexander Road, PO Box 1
Princeton, NJ 08543-0001
FAX: 609.228.5434

Thank you in advance for your participation.

Please check all that you might be interested in:

Council Committees

- Professional Affairs
Organizational Affairs
Public Policy
Educational Affairs
Technician Affairs
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 NJSHHP membership is required to participate in any of the above checked items.

Last Name First Name

Title/Credentials

Phone Fax E-Mail

Local Chapter: