



Registration Form

MAY 11-13, 2009 ★ HYATT CAPITOL HILL HOTEL ★ WASHINGTON, DC

Registration Cancellation Policy

Requests for refunds must be made in writing. If a cancellation is necessary, your conference fee, minus a \$35 per person processing fee, will be refunded for requests made on or before May 10, 2009. Refunds will not be processed for cancellations received after May 10, 2009 or for no-shows. Refunds will be made after the meeting.

Hotel Payment Method

Reservation Deadline: April 15, 2009

Make your hotel reservations early. These rates are subject to change without notice. Rates do not include D.C. sales and occupancy tax. Rooms must be guaranteed with a major credit card or room deposit equal to the rate for one night. Credit cards numbers guarantee your reservation.

NOTE: The hotel will charge a rate of one night's stay if a guest fails to give notice of cancellation by 3 pm the day before check in. The hotel also will charge a \$50 administrative fee for guests who depart earlier than they indicate at check in.

Questions?

Call Toll-Free 1-800-544-7447

★ NAME/TITLE _____

★ NICKNAME FOR BADGE _____ NCPA MEMBERSHIP NO. _____

★ CONGRESSIONAL REPRESENTATIVES _____

★ PHARMACY/COMPANY NAME _____

★ ADDRESS _____

★ CITY/STATE/ZIP _____

★ TELEPHONE/FAX _____

★ E-MAIL ADDRESS _____

★ SPOUSE/GUEST _____ NICKNAME _____

Registration

★ REGISTRATION FEE Member: \$450 per person \$ _____

★ Spouse/Guest: \$250 per person \$ _____
(includes Opening Reception and Congressional Reception)

★ Non-member: \$600 per person \$ _____
(\$145 will be applied toward one year of NCPA membership)

★ \$50 Students (members) \$ _____

★ \$75 Students (non members) \$ _____

★ Total: \$ _____

Accommodations

★ Hyatt Regency Hotel, Washington, DC

★ Single \$290* Double \$315* Triple \$340 Quad \$365

★ King Size Bed 2 Queen Size Beds Low Floor Smoking Room

★ Special Requests _____

★ Arrival Date: _____ Departure Date: _____ No. in Party _____

★ Sharing Room with _____

★ No. of Nights _____ Room Rate _____

★ * Rates do not include 14.5% taxes per night.

Payment Method

★ Check enclosed for a total of \$ _____ (Registration check made payable to NCPA; housing check made payable to Hyatt Regency Washington Hotel)

★ Charge my credit card for a total of \$ _____ (1 night room & tax)

★ American Express Mastercard Visa Discover

★ Name on Card (Please Print) _____

★ Card No./Exp. Date _____

★ Security Code _____

★ Signature _____

How did you hear about NCPA's Legislative Conference?

★ _____

Registration
Made Easy

★ WEB SITE: www.ncpanet.org/calendarncpa

★ MAIL: 100 Daingerfield Road, Alexandria, VA, 22314-2885

★ PHONE: 1.800.544.7447

★ FAX: 703.683.3619