



# 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?

★ \_\_\_\_\_

★ WEB SITE: [www.ncpanet.org/calendarncpa](http://www.ncpanet.org/calendarncpa)  
 ★ MAIL: 100 Daingerfield Road, Alexandria, VA, 22314-2885  
 ★ PHONE: 1.800.544.7447  
 ★ FAX: 703.683.3619

Registration  
Made Easy