

Ownership Workshop
August 20-22, 2010 ~ Holiday Inn Richmond Airport

CONTACT INFORMATION:

ID #: _____ (Individual Membership Only)

Name: _____

Pharmacy/Company: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Phone: _____ Email: _____

How did you hear about this workshop?

Email Fax Pharmacist E-Link *America's Pharmacist* Other

REGISTRATION INFORMATION:

Arrival 8/18/10* Arrival 8/19/10* Departure 8/23/10*

\$550 - Main Registration w/o two nights Hotel

\$650 - Main Registration

\$825 Non-member staff pharmacist rate (Includes \$175 for 1 year NCPA Staff Membership)

\$945 Non-member owner (Includes \$295 for 1 year NCPA Owner/Manager Membership)

*If you need to arrive or depart on any of the above dates, the credit card below will be used for payment as only Friday and Saturday nights are covered in the registration fee.

PAYMENT INFORMATION:

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

NCPA Meetings & Convention Department
100 Daingerfield Rd
Alexandria, VA 22314
Fax: 703/683-3619