



2009 CONVENTION REGISTRATION FORM

MEET. LEARN. **SUCCEED**

NCPA 111TH ANNUAL CONVENTION AND TRADE EXPOSITION
ERNEST E. MORIAL CONVENTION CENTER • NEW ORLEANS, LOUISIANA
OCTOBER 17-21, 2009

Four Easy Ways to Register:

1. Online www.ncpanet.org
2. Scure Fax 888-267-0945
3. Phone 866-575-4134
4. Mail NCPA c/o Ambassadors
240 Peachtree St., Suite 22-S-10
Atlanta, GA 30303

**PRE-REGISTRATION
DEADLINE**
October 3, 2009

ATTENDEE INFORMATION (REQUIRED FIELDS †)

† NCPA MEMBERSHIP NO. _____

† LAST NAME _____ † FIRST NAME _____

† NICKNAME FOR BADGE _____

† COMPANY/ORGANIZATION _____

† STREET ADDRESS _____

† CITY/STATE/ZIP _____

† DAYTIME PHONE _____

† E-MAIL _____

† EMERGENCY CONTACT NAME _____

† PHONE NUMBER _____

GUEST NAME _____

NICKNAME FOR BADGE _____

NAME OF PRIMARY BUYING GROUP/COOPERATIVE OR WHOLESALER _____

DIETARY RESTRICTIONS (ATTACH SEPARATE SHEET IF NECESSARY) _____

ADA NEEDS _____

HOW DID YOU HEAR ABOUT US? (CHECK A BOX)

- MAIL FAX PHARMACY TIMES OTHER
 EMAIL PRIOR ATTENDEE AMERICA'S PHARMACIST

SEND ADD'L INFORMATION FROM EXHIBITING COMPANIES
 YES NO

NCPA REGISTRATION POLICIES/PROCEDURES

Registration Fee Inclusions

Fees for the majority of registration categories include entrance to all educational sessions (Saturday–Tuesday), Colleagues in Consultation (Monday and Tuesday), student programming (Saturday), symposia meals (Sunday–Tuesday), exhibit hall (Sunday–Tuesday), opening night reception (Saturday), continental breakfasts (Sunday–Tuesday), exhibit hall reception (Sunday) and lunches (Monday and Tuesday), and closing night reception (Tuesday).

Please note that fees for the Spouse/Guest/Team Member registration categories do not include C.E. credits.

Advance registrations will be accepted for forms with postmarks no later than **October 3, 2009**, after which all registrations will be accepted and processed on site only.

Cancellation Policy

Cancellations must be submitted in writing and received by October 3, 2009. Cancellations should be addressed to NCPA c/o Ambassadors, 240 Peachtree Street, Suite 22-S-10, Atlanta, GA 30303. Registrants also may send cancellations via fax (404-832-3611) or e-mail (ncpareg@ambassadors.com). A \$100 processing fee will be charged for each cancelled registration, and refunds will not be issued for cancellations received after October 3, 2009, or on site. Refunds also will not be issued for “no show” registrants. Authorized refunds will be issued thirty (30) days after the close of the NCPA convention.

Registration Deadlines

Complete and return the NCPA Convention Registration Form by the date indicated with the full amount required. Incomplete forms will not be accepted, and discounted fees will not be honored for forms received after the indicated discount registration deadlines.

NAME _____

REGISTRATION FEES

Early Bird On-Site

Rec'd by After
10/2/09 10/3/09

Totals

Pharmacist Owner/Manager Member (AMO)	\$695.....	\$950.....	\$ _____
Non-Member* (ANMO)	\$945.....	\$ 1,360.....	\$ _____
Staff Pharmacist Member (AMS)	\$395.....	\$795.....	\$ _____
Non-Member* (ANMS)	\$770.....	\$990.....	\$ _____
Pharmacy Technician Member (ATFC)	\$360.....	\$405.....	\$ _____
Non-Member* (ANTFC)	\$435.....	\$480.....	\$ _____
Pharmacy Resident Member (ARES)	\$225.....	\$275.....	\$ _____
Non-Member* (ANRES)	\$250.....	\$295.....	\$ _____
Student Member (AST)	\$150.....	\$150.....	\$ _____
Non-Member* (ANST)	\$200.....	\$200.....	\$ _____
Dean/Faculty Member (AD)	\$275.....	\$275.....	\$ _____
Non-Pharmacist Spouse/Guest/Team Member			
Member (ASG)	\$380.....	\$435.....	\$ _____
Non-Member (ASG)	\$455.....	\$510.....	\$ _____
One-Day Registrant Member (per day) (DM)	\$465.....	\$465.....	\$ _____
Non-Member (per day) (DN)	\$610.....	\$610.....	\$ _____
Day(s) attending: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.			\$ _____
Non-Exhibiting Representative Member (ACNE)	\$1,760.....	\$2,000.....	\$ _____
Non-Member (ACNNE)	\$2,055.....	\$2,295.....	\$ _____
Exhibit Hall ONLY (attendee) (HALL)	\$25.....	\$25.....	\$ _____
NASPA-Affiliated State Association Executive (ASTEX)		(complimentary)	Check here: <input type="checkbox"/>

Convention registration fee does not include hotel room costs. Please reserve and guarantee your sleeping room on the enclosed Housing Request Form.

* A portion of your registration applies automatically toward your first year of NCPA membership. Check here , if you *do not* want to become an NCPA member.

TOTAL \$ _____

METHOD OF PAYMENT (REQUIRED FIELDS †)

- Enclosed check made payable to NCPA for \$ _____ (in U.S. funds, drawn on a U.S. bank)
- Charge \$ _____ to my credit card (*card will be charged immediately*):
- American Express Discover MasterCard Visa

† CARD NUMBER _____

† EXPIRATION DATE _____

† SECURITY CODE _____

† CARDHOLDER NAME (PLEASE PRINT) _____

† CARDHOLDER SIGNATURE (REQUIRED) _____

Liability Waiver and Convention Policies

(Please read and sign)

I acknowledge that I am physically able to take part in all convention activities, such as educational sessions and special events. I assume full responsibility for my own well-being and have chosen to participate in the NCPA 2009 convention of my own free will. In case of damage or injury to myself or my personal property, I will indemnify and hold harmless NCPA and its officers, directors, employees, agents, and members and bear all costs they incur for all loss, expense, damage, cause of action, claims, or demands of whatever kind and nature, including judgments and interest.

I consent to be photographed and grant permission for 2009 convention photographs to be used by NCPA staff for promotional purposes.

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My signature below indicates that I have read, understand, and agree to abide by the liability waiver and NCPA convention registration policies outlined above.

SIGNATURE _____