



REGISTRATION FORM

San Diego, CA
Oct. 26-29, 2019

ATTENDEE INFORMATION (REQUIRED FIELDS †)

† NCPA MEMBERSHIP NO.

† GRADUATION YEAR, IF STUDENT

† LAST NAME

† FIRST NAME

† NICKNAME FOR BADGE

† COMPANY/ORGANIZATION

† STREET ADDRESS

† CITY/STATE/ZIP

† DAYTIME PHONE

† FAX

† EMAIL

† EMERGENCY CONTACT NAME

† PHONE NUMBER

GUEST NAME OR TEAM MEMBER NAME

NICKNAME FOR BADGE

YES NO

NAME OF PRIMARY BUYING GROUP/COOPERATIVE OR WHOLESALER

Send additional information from exhibiting companies

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)

Visa MasterCard American Express Discover

† CARD NUMBER

† EXPIRATION DATE

† SECURITY CODE

† CARDHOLDER NAME (PLEASE PRINT)

Registration Fee Inclusions

Fees for the majority of registration categories include entrance to all business education, student programming, symposia meals, exhibit hall, opening night reception, continental breakfasts, exhibit hall reception and lunches, and closing night reception. **Please note that fees for the Spouse/Guest and Team Member registration categories do not include CE credits.*

Cancellation Policy

Cancellations must be submitted in writing and received by October 15, 2019. Cancellations should be addressed to NCPA, 100 Daingerfield Road, Alexandria, Virginia 22314, Attn: NCPA Conventions. Registrants also may send cancellations via email (ncpa@xpressreg.net). *A \$100 processing fee will be charged for each cancelled registration, and refunds will not be issued for cancellations received after October 15, 2019, 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.

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 2019 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/or videographed and grant permission for 2019 convention photographs and/or videos to be used by NCPA staff for promotional purposes.

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

SIGNATURE

DATE

MAIL TO:
 NCPA, 100 Daingerfield Road,
 Alexandria, Virginia 22314,
 Attn: NCPA Conventions

FAX: 703.683.3619

REGISTER BY PHONE:
508.743.8556



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2019 Annual Convention Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

Category	Premier** Register thru 7/31	Advance Starting 8/1	Onsite Starting 10/26
<input type="checkbox"/> Pharmacist Owner/Manager—Member	<input type="checkbox"/> \$899	<input type="checkbox"/> \$949	<input type="checkbox"/> \$1,049
<input type="checkbox"/> Pharmacist Owner/Manager—Nonmember*	<input type="checkbox"/> \$1,294	<input type="checkbox"/> \$1,344	<input type="checkbox"/> \$1,444
<input type="checkbox"/> Staff Pharmacist/Retired—Member	<input type="checkbox"/> \$624	<input type="checkbox"/> \$674	<input type="checkbox"/> \$774
<input type="checkbox"/> Staff Pharmacist—Nonmember*	<input type="checkbox"/> \$859	<input type="checkbox"/> \$909	<input type="checkbox"/> \$1,009
<input type="checkbox"/> Pharmacy Resident—Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
<input type="checkbox"/> Pharmacy Resident—Nonmember*	<input type="checkbox"/> \$455	<input type="checkbox"/> \$505	<input type="checkbox"/> \$555
<input type="checkbox"/> Pharmacy Technician—Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
<input type="checkbox"/> Pharmacy Technician—Nonmember*	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
<input type="checkbox"/> Dean/Faculty Member (Please complete registration form)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
<input type="checkbox"/> Student—Member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$245	<input type="checkbox"/> \$295
<input type="checkbox"/> Student—Nonmember*	<input type="checkbox"/> \$270	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345
<input type="checkbox"/> Non-Pharmacist Spouse/Guest—Member	<input type="checkbox"/> \$529	<input type="checkbox"/> \$579	<input type="checkbox"/> \$629
<input type="checkbox"/> Non-Pharmacist Spouse/Guest—Nonmember	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$699
<input type="checkbox"/> Non-Pharmacist Team Member—Member	<input type="checkbox"/> \$529	<input type="checkbox"/> \$579	<input type="checkbox"/> \$629
<input type="checkbox"/> Non-Pharmacist Team Member—Nonmember	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$699
One Day Registrant (per day) PHARMACISTS ONLY			
<input type="checkbox"/> Member <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$525
<input type="checkbox"/> Nonmember <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues.	<input type="checkbox"/> \$625	<input type="checkbox"/> \$685	<input type="checkbox"/> \$685
<input type="checkbox"/> Non-Exhibiting Representative—Member	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> Non-Exhibiting Representative—Nonmember	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$2,295	<input type="checkbox"/> \$2,295

*This includes your first year of NCPA membership.

Back by popular demand!

Reduced pre-convention registration rates available for owners/managers and staff pharmacists attending BOTH a pre-convention program and the NCPA Annual Convention. See "Combo rate" below.

2019 Pre-convention Rates

PLEASE CHECK YOUR CATEGORY OF CHOICE.

PRE-CONVENTION REGISTRATION DEADLINE: October 18, 2019

Program	Combo Rate	Pre-convention Only Member Rate	Pre-convention Only Nonmember Rate
<input type="checkbox"/> Ownership Workshop — 10/24 - 10/26	<input type="checkbox"/> \$649	<input type="checkbox"/> \$899	<input type="checkbox"/> \$1,134 Staff Pharmacist* <input type="checkbox"/> \$1,294 Owner/Manager*
<input type="checkbox"/> Enhanced Services Boot Camp — 10/25	<input type="checkbox"/> \$150	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349
<input type="checkbox"/> Pharmacist-led Lifestyle and Weight Management — 10/25	<input type="checkbox"/> \$200	<input type="checkbox"/> \$349	<input type="checkbox"/> \$449
<input type="checkbox"/> Community Pharmacy-Based Point-of-Care Testing — 10/26	<input type="checkbox"/> \$200	<input type="checkbox"/> \$349	<input type="checkbox"/> \$449
<input type="checkbox"/> Front-End Profit Building Seminar — 10/26	<input type="checkbox"/> \$99	<input type="checkbox"/> \$199	<input type="checkbox"/> \$299
<input type="checkbox"/> Selling Your Pharmacy — 10/26	<input type="checkbox"/> \$200	<input type="checkbox"/> \$449	<input type="checkbox"/> \$549

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