



# NCPA 2025 Multiple Locations Pharmacy Conference Registration Form

Feb. 19 - 22, 2025 | Wyndham Grand Clearwater Beach | Clearwater, Fla.

PLEASE PRINT OR TYPE. TO REGISTER AN ADDITIONAL TEAM MEMBER, PLEASE COPY THIS FORM.

NAME _____	NCPA MEMBERSHIP NO. _____	
SPOUSE/DOMESTIC PARTNER NAME _____	NICKNAME (FOR BADGE) _____	
PHARMACY/COMPANY NAME _____	NO. OF STORES _____	
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE _____	FAX _____	
EMAIL _____		

### HOW DID YOU HEAR ABOUT THE MULTIPLE LOCATIONS PHARMACY CONFERENCE?

- qAM
- Advertisement in *America's Pharmacist*\*
- Email
- Social media post (X, Facebook, LinkedIn, Instagram, etc.)

### REGISTRATION FEES

(Includes CE, opening reception, breakfast, breaks (Th.–Sat.), lunch (Th.–Sat.), and closing night reception & dinner.)

NCPA MEMBER OWNER/MANAGER	\$ 1,250
NCPA MEMBER PHARMACY TEAM MEMBER	\$ 900
NON-MEMBER OWNER/MANAGER	\$ 1,645
SPOUSE/DOMESTIC PARTNER (DOES NOT INCLUDE CE)*	\$ 545
CHILDREN AGES 8-18	\$ 150

Pharmacy Team Members must attend with an Owner/Manager registrant from the same company. NCPA Corporate Members must sponsor an event or participate in the Partners in Success Networking opportunity to attend. Due to the nature of the conference, admittance to some sessions is restricted to pharmacy owners and managers only.

\*All spouses and guests must be registered and badges must be worn to all events.

### PAYMENT

Check: Amount enclosed (payable to NCPA) \$ \_\_\_\_\_

Credit card:  American Express  Discover  MasterCard  Visa

Total Charge \$ \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

NAME ON CARD (PRINT) \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_

My signature, directly above, indicates that I agree to abide by the conference hotel and cancellation policies included to right.

**HOTEL POLICY:** NCPA is committed to producing only high quality, content-rich meetings for its members and partners. To ensure this quality at an upscale destination and facility, NCPA is required to contract for a specific block of sleeping rooms and nights. To ensure that NCPA meets this contractual obligation with the host property, conference attendees are required to stay at the official conference hotel and reserve rooms through NCPA only.

### CONFERENCE CANCELLATION POLICY:

All registration cancellation requests must be submitted in writing and sent to Eva Jones via email to [eva.jones@ncpa.org](mailto:eva.jones@ncpa.org). Refunds, less a \$100 processing fee, will be issued for cancellations received by Feb. 10, 2025. **Refunds will not be issued for cancellations received after Feb. 10, 2025.**

### RELEASE AND WAIVER OF LIABILITY

I am fully aware of the risks of attending the 2025 Multiple Locations Conference ("Activities"), including those associated with the pandemic, and I assume full responsibility for my own well-being and have chosen to participate in the 2025 Multiple Locations Conference of my own free will. I forever release NCPA and any affiliated organizations, along with their respective board members, employees, volunteers, agents, attorneys, contractors, and representatives (collectively "Releasees") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for bodily injury, death, or property damage, related to (i) my participation in the Activities or presence on the site, (ii) the negligence or other acts of any Releasee, whether directly connected to the Activities or not, and however caused, and (iii) the condition of the site. I also agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make any claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing Release. Should they do so, I agree that they will be liable for paying the attorneys' fees and costs incurred by any Releasee who is successful in enforcing this Release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NCPA. I SIGN IT OF MY OWN FREE WILL.

**CONSENT:** I consent to be photographed and/or videographed and grant permission for 2025 conference 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, all NCPA convention policies and the consent.

SIGNATURE (REQUIRED) \_\_\_\_\_

**TO BOOK YOUR HOTEL:** call 800.996.3426 and state you are attending the NCPA meeting, or visit [ncpa.org/mlc](http://ncpa.org/mlc) to book online.

**Cut-off date for housing is Jan. 24, 2025.**

**TO REGISTER:** go online, call, or mail.

[ncpa.org/mlc](http://ncpa.org/mlc) | 703.683.8200 | email: [eva.jones@ncpa.org](mailto:eva.jones@ncpa.org)  
NCPA Meetings and Conventions Dept. | 100 Daingerfield Road, Alexandria, VA 22314