2026 CONGRESSIONAL PHARMACY FLY-IN

MAKE YOUR VOICE HEARD

Hotel Payment Method

Reservation Deadline: March 23, 2026

Make your hotel reservations early. These rates are subject to change without notice. Rates do not include Virginia sales and occupancy tax. Rooms must be guaranteed with a major credit card or room deposit equal to the rate for one night. You can also reserve your hotel by visiting www.ncpa.org/flyin. Credit card numbers guarantee your reservation.

TO BOOK YOUR HOTEL ROOM, VISIT WWW.NCPA.ORG/FLYIN.
ROOM RATES AND TYPES AVAILABLE:
SINGLE KING: $260 • DOUBLE QUEEN: $260

Note: The hotel will charge a rate of one night's stay if a guest fails to give notice of cancellation by 3 p.m. 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.

Registration Cancellation Policy

Requests for refunds must be made in writing. If a cancellation is necessary, your conference fee, minus a $50 per person processing fee, will be refunded for requests made on or before April 8, 2026. Refunds will not be processed for cancellations received after April 8, 2026 or for no-shows.

Questions? Call toll-free 800-544-7447.

How did you hear about this event?

☐ *qAM* ☐ *America's Pharmacist*® ☐ Fax
☐ Social media post (Twitter, FB, LinkedIn, etc)

Registration Made Easy

Website: www.ncpa.org/flyin
Mail: NCPA/Attn: Convention Dept.
100 Daingerfield Road,
Alexandria, VA, 22314-2885
Phone: 800-544-7447
Email: eva.jones@ncpa.org

NCPA 2026 CONGRESSIONAL PHARMACY FLY-IN

April 15-16, 2026 • Hilton Alexandria Old Town
1767 King Street, Alexandria, VA 22314

NAME/TITLE _____ NCPA MEMBERSHIP NO. _____

NICKNAME FOR BADGE _____

PHARMACY/COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS PHONE _____ FAX _____

EMAIL ADDRESS _____

SPOUSE/GUEST _____ NICKNAME _____

Would you like to participate in the PAC telethon on April 14, 12 - 5 pm? ☐ ***Yes*** ☐ ***No***

Liability Waiver and Convention Policies *(Please read and sign)*
I acknowledge that I am physically able to take part in all conference 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 2026 Congressional Pharmacy Fly-In 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 video graphed and grant permission for 2026 Congressional Pharmacy Fly-In 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 conference policies.

Signature _____ Date _____

Registration Fee

Member: $425 $ _____
Non-member: $600 $ _____

Spouse/Guest: $225 $ _____
(includes Congressional Reception)

$50 Students (members) $ _____
$75 Students (non-members) $ _____

Student Registration Sponsorship | Silver level: $100 $ _____
Student Registration Sponsorship | Gold level: $250 $ _____
Student Registration Sponsorship | Platinum level: $500 $ _____

Total: $ _____

Check enclosed for a total of $ _____ (Registration check made payable to NCPA)

Charge my credit card for a total of $ _____

❍ American Express ❍ Mastercard ❍ Visa ❍ Discover

NAME ON CARD (PLEASE PRINT) _____

CARD NO. _____ EXP. DATE _____

SIGNATURE _____

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NATIONAL COMMUNITY PHARMACISTS ASSOCIATION