

MEETING REGISTRATION FORM

Your Name: _____

EARLY registration deadline is September 5, 2008. LATE registration deadline is October 3, 2008. ONSITE registration fees apply if registration is received after October 3, 2008. Registration fees CANNOT be refunded for cancellations received after October 3, 2008.

Full registration includes Opening Reception, all meeting sessions, course syllabi, CE credit. One-day registration includes all activities for specific day, course syllabi, CE credit.

Full Meeting Registration

	Early	Late	Onsite	Total
Member	\$450	\$550	\$590	_____
*Nonmember	\$685	\$785	\$835	_____
<i>Resident or Fellow</i>				
Member	\$180	\$225	\$280	_____
*Nonmember	\$280	\$325	\$390	_____

*First-time meeting attendees who have never previously been an ACCP member and who register and pay for the full meeting will automatically receive a complimentary 6-month membership in ACCP. Check here to decline this offer.

One-Day Meeting Registration

Check one: Sunday Monday Tuesday Wednesday

	Early	Late	Onsite	Total
Member	\$230	\$280	\$310	_____
Nonmember	\$325	\$375	\$405	_____
<i>Resident or Fellow</i>				
Member	\$100	\$125	\$135	_____
Nonmember	\$155	\$175	\$185	_____

*Student Registration

	Total
Full Meeting Registration	
Member	\$120 _____
Nonmember	\$170 _____
<i>*For group discounts contact Jon Poynter at ACCP; phone: (913) 492-3311 x21, e-mail: jpynter@accp.com.</i>	
<input type="checkbox"/> Premeeting Symposium Registration Off and Running to a Specialty Career (for students only) Saturday, October 18, 1:00 p.m.– 4:30 p.m.	
This symposium is for students only and is included with paid student registration. Check the box if you plan to attend.	
Would you like to receive information about StuNet, ACCP's network for students? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Meeting Award

If you would like to make a tax-deductible contribution to help support student attendance at an ACCP meeting, please check one of the boxes below. All funds collected by the Student Travel Award Fund are applied directly to student meeting support; no funds are used for administrative or overhead expenses.

Amount of contribution (please check one):	Total
<input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	_____
<input type="checkbox"/> \$_____ Other (please specify amount)	_____

Premeeting Symposia

Saturday, October 18

Premeeting symposium registration includes course syllabi and CE credit for specific course.

	Early	Late	Onsite	Total
<input type="checkbox"/> Controversies in Critical Care Nephrology 8:00 a.m. – 4:00 p.m. Includes refreshments, lunch, course syllabus, and CE credit.				
Member	\$175	\$225	\$250	_____
Nonmember	\$280	\$330	\$355	_____
<i>Student, Resident, Fellow</i>				
Member	\$85	\$110	\$120	_____
NonMember	\$125	\$150	\$160	_____

Research Primer

8:00 a.m. – 5:00 p.m.

Includes refreshments, course syllabus, and CE credit.

Member	\$185	\$235	\$270	_____
Nonmember	\$290	\$340	\$365	_____
<i>Student, Resident, Fellow</i>				
Member	\$95	\$120	\$130	_____
NonMember	\$135	\$160	\$170	_____

Basic Training for New Clinical Faculty and Preceptors

8:00 a.m. – 5:30 p.m.

Includes refreshments, course syllabus, and CE credit.

Member	\$185	\$235	\$270	_____
Nonmember	\$290	\$340	\$365	_____

Current Topics in Ambulatory Cardiology

12:00 p.m. – 5:00 p.m.

Includes refreshments, course syllabus, and CE credit.

Member	\$85	\$110	\$120	_____
Nonmember	\$135	\$160	\$170	_____
<i>Student, Resident, Fellow</i>				
Member	\$55	\$75	\$85	_____
Nonmember	\$95	\$115	\$125	_____

Newcomers Orientation and Reception Registration

4:45 p.m. – 7:00 p.m.

First-time meeting attendees are encouraged to attend. This event is included with paid meeting registration. Please check the box if you plan to attend.

Recruitment Forum Registration

Tuesday, October 21, 8:00 a.m. – 11:00 a.m.

Participants must be registered for at least one day (Tuesday) of the Annual Meeting to participate in the Recruitment Forum. Please check the box if you plan to participate.

I will be participating as an: Applicant *Employer

*Employers will receive their table assignment via e-mail from ACCP within two weeks of registering.

Oncology Pharmacy Specialty Sessions

Provides access to the Web-based post-test for recertification as a Board Certified Oncology Pharmacist.

Member/Nonmember	Total
	\$45 _____

MEETING REGISTRATION FORM

REGISTRATION INFORMATION

Name: _____ Membership #: _____
 Title: _____
 Institution: _____
 Mailing address (home work): _____
 City: _____ State: _____ ZIP: _____ Country: _____
 Daytime phone: _____ Fax number: _____
 E-mail address (required): _____ Promotional code: _____

NAME BADGE INFORMATION

Name (18 character maximum): _____
 Title (18 character maximum): _____
 Institution (25 character maximum): _____
 Is this your first ACCP Meeting? Yes No

ACCOMPANYING PERSON(S) REGISTRATION

Includes Opening Reception and Pharmacy Industry Forum Exhibits. No. of badges _____ x \$45 each
 Please print name(s) legibly.

Name: _____
 Name: _____
 Name: _____

METHOD OF PAYMENT

Total \$ _____
 Check or money order payable in U.S. funds to *American College of Clinical Pharmacy*
 Credit Card MasterCard VISA Discover American Express

Card number: _____
 Expiration date: _____
 Security code (3- or 4-digit code on front or back of credit card): _____ Cardholder's phone number: _____
 Cardholder's name (print): _____
 Authorized signature: _____

HOW TO REGISTER

1. **Online** at www.accp.com
2. **FAX** your registration form (both pages) to (913) 492-0088
3. **PHONE** your registration to (913) 492-3311
4. **MAIL** your registration form (both pages) with check or money order to:
American College of Clinical Pharmacy
13000 W. 87 St. Parkway, Suite 100
Lenexa, KS 66215-4530

What Is Your Primary Position? (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Coordinator/Manager |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Professor | <input type="checkbox"/> Medical Science |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> Academic Dept. Chair | <input type="checkbox"/> Liaison/Manager |
| <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> Associate/Assistant Dean | <input type="checkbox"/> (Pharmaceutical Industry) |
| <input type="checkbox"/> Drug-Information Specialist | <input type="checkbox"/> Dean | <input type="checkbox"/> Pharmacy Manager/Supervisor/Clinical Coordinator |
| <input type="checkbox"/> Consultant Pharmacist | <input type="checkbox"/> Assistant Director of Pharmacy | <input type="checkbox"/> Other, Please Specify |
| <input type="checkbox"/> Adjunct Faculty | <input type="checkbox"/> Director of Pharmacy | |
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Clinical Research | |

REGISTRATION CONFIRMATION

You should receive a confirmation letter by mail within two weeks of registration. If you do not receive a letter, please call ACCP at (913) 492-3311.

CANCELLATION POLICY

An administrative fee of \$50 will be charged for full or one-day meeting registrations cancelled on or before October 3, 2008. An administrative fee of \$30 will be charged for premeeting symposia registrations cancelled on or before October 3, 2008. Request for cancellation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after October 3, 2008.

PHOTO RELEASE

By registering for the ACCP 2008 Annual Meeting or its associated events, you have provided your release for free use by ACCP for promotional purposes of any photograph taken of you or in which you may be seen during the ACCP 2008 Annual Meeting.

QUESTIONS?

Call ACCP at (913) 492-3311 or visit the ACCP Web site at www.accp.com.