

Celebrating 30 Years of Excellence!

MEETING REGISTRATION FORM

Your Name: _____

ACCP Annual Meeting • October 18–21, 2009 • Anaheim, California

EARLY registration deadline is September 4, 2009. LATE registration deadline is October 2, 2009. ONSITE registration fees apply if registration is received after October 2, 2009. Registration fees CANNOT be refunded for cancellations received after October 2, 2009.

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

Full Meeting Registration	Early	Late	Onsite	Total
Member	\$455	\$555	\$595	_____
Affiliate member; *Nonmember	\$700	\$800	\$875	_____

Resident or Fellow

Member	\$185	\$235	\$285	_____
*Nonmember	\$285	\$335	\$395	_____

*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

	Early	Late	Onsite	Total
Check one: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday				
Member	\$230	\$280	\$310	_____
Affiliate member; Nonmember	\$325	\$375	\$405	_____

Resident or Fellow

Member	\$100	\$125	\$135	_____
Nonmember	\$155	\$175	\$185	_____

**Student Registration

<i>Full Meeting Registration</i>		Total
Member	\$125	_____
Nonmember	\$175	_____

**For student group discounts contact Jon Poynter at ACCP; phone: (913) 492-3311 x21, e-mail: jpoynter@accp.com.

Student Premeeting Symposium Registration

Saturday, October 17, 1:00 p.m.– 3:30 p.m.

This career development symposium is for students only and is included with paid student registration. Please check the box if you plan to attend.

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): <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	Total
<input type="checkbox"/> \$___ Other (please specify amount)	_____

Premeeting Symposia Registration

Saturday, October 17

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

	Early	Late	Onsite	Total
Clinical Practice Primer				
8:00 a.m. – 5:00 p.m.				
Member	\$185	\$245	\$280	_____
Affiliate member; Nonmember	\$295	\$345	\$375	_____
<i>Student, Resident, Fellow</i>				
Member	\$100	\$120	\$140	_____
NonMember	\$140	\$160	\$180	_____

Basic Training for New Clinical Faculty and Preceptors

8:00 a.m. – 5:30 p.m.

Member	\$185	\$245	\$280	_____
Affiliate member; Nonmember	\$295	\$345	\$375	_____
<i>Student, Resident, Fellow</i>				
Member	\$100	\$120	\$140	_____
NonMember	\$140	\$160	\$180	_____

Basics of Clinical Research

1:00 p.m. – 5:00 p.m.

Member	\$95	\$125	\$145	_____
Affiliate member; Nonmember	\$145	\$175	\$195	_____
<i>Student, Resident, Fellow</i>				
Member	\$60	\$80	\$90	_____
NonMember	\$100	\$120	\$130	_____

Newcomers Orientation and Reception

Saturday, October 17, 4:00 p.m. – 6:30 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.

NEW EVENT FOR 2009!

Residency and Fellowship Forum

Monday, October 19, 8:00 a.m. – 10:00 a.m.

Participants must be registered for at least one day (Monday) of the Annual Meeting to participate in the Residency and Fellowship Forum. Please check the box if you plan to participate. I will be participating as an:

Applicant *Preceptor/Program Director

**Preceptors/Program Directors must have at least one residency or fellowship posted online through ACCP's Online Position Listings. Listings are \$75 per residency or fellowship position.*

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REGISTRATION INFORMATION

Name: _____

ACCP Membership ID#: _____

Title: _____

(Students) Name of your college of pharmacy: _____

(Students) Your anticipated date of graduation: _____

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 REGISTRATION

Includes Opening Reception and Pharmacy Industry Forum Exhibits.

No. of badges ___ x \$45 each. Please print name legibly.

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 name (print): _____

Cardholder's phone number: _____

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, money order or credit card information to:

American College of Clinical Pharmacy
13000 W. 87 St. Parkway, Suite 100
Lenexa, KS 66215-4530

Registration Confirmation

You should receive a confirmation letter by e-mail within two weeks of registration. If you do not receive an e-mail, 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 2, 2009. An administrative fee of \$30 will be charged for premeeting symposia registrations cancelled on or before October 2, 2009. Request for cancellation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after October 2, 2009.

Photo Release

By registering for the ACCP 2009 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 2009 Annual Meeting.

Questions

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

What is Your Primary Position? (check one)

- Student
- Resident
- Fellow
- Clinical Pharmacist
- Drug-Information Specialist
- Consultant Pharmacist
- Adjunct Faculty
- Assistant Professor
- Associate Professor
- Professor
- Academic Dept. Chair
- Associate/Assistant Dean
- Dean
- Assistant Director of Pharmacy
- Director of Pharmacy
- Clinical Research
- Coordinator/Manager
- Medical Science Liaison/Manager (Pharmaceutical Industry)
- Pharmacy Manager/Supervisor/Clinical Coordinator
- Other, Please Specify: _____