Your Name: _____

ACCP Annual Meeting • October 17–20, 2010 • Austin, Texas

The early registration deadline is September 10, 2010. The late registration deadline is October 1, 2010. ON-SITE registration fees apply if registration is received after October 1, 2010. Registration fees CANNOT be refunded for cancellations received after October 1, 2010.

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

Full Meeting Registration	Early	Late	On-site	Total
Member	$470	$570	$610	_____
Affiliate/Nonmember*	$720	$820	$860	_____
Resident or Fellow				
Member	$190	$240	$295	_____
Nonmember*	$295	$345	$400	_____

*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 Registration	Early	Late	On-site	Total
Check one: ☐ Saturday ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday				
Saturday registration does not include premeeting symposia.				
Member	$235	$290	$320	_____
Affiliate/Nonmember	$335	$390	$420	_____
Resident or Fellow				
Member	$105	$130	$160	_____
Nonmember	$170	$195	$225	_____

Student Registration**				Total
Full Meeting Registration				
Member	$130			_____
Nonmember*	$185			_____

*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. ☐
**For student group discounts, contact Jon Poynter at ACCP; telephone: (913) 492-3311, ext. 21; e-mail: *jpoynter@accp.com*.

New! ACCP Clinical Pharmacy Challenge

Saturday, October 16, 11:00 a.m.–11:45 a.m. Semi-Final A
Saturday, October 16, 1:00 p.m.–1:45 p.m. Semi-Final B
Sunday, October 17, 5:00 p.m.–6:00 p.m. Finals
This event is open to all meeting attendees.
Please check the box if you plan to attend. ☐

Student, Resident, and Fellow Premeeting Symposia Registration

The Career Development Symposium
Saturday, October 16, 2:00 p.m.–4:30 p.m.

This event is for students and postgraduate trainees only and is included with paid student registration. Check the box if you plan to attend. ☐

Residency and Fellowship Forum

Monday, October 18, 8:00 a.m.–10:00 a.m.
Participants must be registered for at least 1 day (Monday) of the Annual Meeting to participate in the Residency and Fellowship Forum.

Please check box if you plan to participate.
I will be participating as a(n): Applicant ☐ Preceptor* ☐

**Preceptors must have at least one residency or fellowship posted online through ACCP's Online Position Listings. Listings are $75.*

Student Travel Award Fund

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. Thank you.

Amount of contribution (please check one): ☐ $10 ☐ $25 ☐ $50
☐ $_____ Other (please specify amount) **Total** _____

Resident/Fellow Travel Award Fund

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

Amount of contribution (please check one): ☐ $10 ☐ $25 ☐ $50
☐ $_____ Other (please specify amount) **Total** _____

Frontiers Fund: A Gift for Our Future.

Your tax-deductible gift will:
- Develop researchers;
- Build a research network; and
- Generate evidence to further document the value of clinical pharmacy services and advance pharmacy research.

To donate to the ACCP Research Institute Frontiers Fund, please check one of the boxes below. Thank you.

Amount of contribution (please check one): ☐ $25 ☐ $50 ☐ $100
☐ $_____ Other (please specify amount) **Total** _____

Premeeting Symposia Registration

Saturday, October 16
Premeeting symposia registration includes course syllabi and CE credit for a specific course.

	Early	Late	On-site	Total
☐ **Clinical Practice Primer**				
8:00 a.m.–5:00 p.m.				
Member	$190	$240	$280	_____
Nonmember	$300	$350	$390	_____
Student, Resident, or Fellow				
Member	$100	$120	$135	_____
Nonmember	$140	$160	$175	_____
☐ **Basic Training for New Clinical Faculty and Preceptors**				
8:00 a.m.–5:30 p.m.				
Member	$190	$240	$280	_____
Nonmember	$300	$350	$390	_____
Student, Resident, or Fellow				
Member	$100	$120	$135	_____
Nonmember	$140	$160	$175	_____
☐ **Regulatory/Ethical Issues**				
1:00 p.m.–5:00 p.m.				
Member	$90	$120	$130	_____
Nonmember	$140	$170	$180	_____
Student, Resident, or Fellow				
Member	$55	$75	$85	_____
Nonmember	$100	$120	$130	_____

Newcomers Orientation and Reception

Saturday, October 16, 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. ☐

REGISTRATION INFORMATION

Name: _____

ACCP Membership ID No.: _____

Title: _____

(Students) Name of your college of pharmacy: _____

(Students) Your anticipated date of graduation: _____

Institution: _____

Mailing address (☐ home ☐ work): _____

City: _____ State: _____ ZIP: _____ Country: _____

Daytime telephone: (_____)_____ Fax No.: (_____)_____

E-mail address (required): _____

On-site contact telephone number (cell preferred): _____

In case of emergency contact telephone number: _____

NAME BADGE INFORMATION

Name (18 characters maximum): _____

Institution (18 characters maximum): _____

City/State (25 characters maximum): _____

ACCOMPANYING PERSON REGISTRATION

Includes Opening Reception and Pharmacy Industry Forum Exhibits.
No. of badges _____ $45 each

Please print name(s) legibly.

Name(s): _____

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 No.: _____

Expiration date: _____

Security code
(3- or 4-digit code on front or back of credit card): _____

Cardholder's name (print): _____

Cardholder's telephone No.: _____

Authorized signature: _____

HOW TO REGISTER

1. Online at *www.accp.com*

2. FAX your registration form (both pages) to (913) 492-0088.

3. TELEPHONE 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 West 87th Street Parkway, Suite 100
Lenexa, KS 66215-4530

REGISTRATION CONFIRMATION

You should receive a confirmation letter by mail within 2 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 1-day meeting registrations cancelled on or before October 1, 2010. An administrative fee of $30 will be charged for premeeting symposia registrations canceled on or before October 1, 2010. Request for cancelation must be sent in writing to ACCP (fax: [913] 492-0088). Registration fees CANNOT be refunded for cancellations received after October 1, 2010.

In the event that a session or event is cancelled beyond the control of ACCP, ACCP will not reimburse attendees at such session or event, but will make every attempt to obtain any instructional materials that are available for the session or event and forward them to the attendees.

PHOTO RELEASE

By registering for the ACCP 2010 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 2010 Annual Meeting.

QUESTIONS?

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