

Your Name: _____

ACCP Annual Meeting • October 16-19, 2011 • Pittsburgh, Pennsylvania

The early registration deadline is September 9, 2011. The late registration deadline is September 30, 2011. ON-SITE registration fees apply if registration is received after September 30, 2011. Registration fees CANNOT be refunded for cancellations received after September 30, 2011.

Full registration includes the Opening Reception, all meeting sessions (excluding Premeeting Symposia on Saturday, October 15), online course handouts, and CPE credit. One-day registration includes all activities for a specific day, online course handouts, and CPE credit.

Full Meeting Registration	Early	Late	On-site	Total
Member	\$475	\$580	\$620	_____
Affiliate/Nonmember*	\$725	\$830	\$870	_____
Resident or Fellow				
Member	\$195	\$245	\$315	_____
Nonmember*	\$300	\$350	\$425	_____

*First-time meeting attendees who have not 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: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday				
<i>Saturday registration does not include premeeting symposia.</i>				
Member	\$240	\$295	\$325	_____
Affiliate/Nonmember	\$340	\$395	\$425	_____
Resident or Fellow				
Member	\$110	\$135	\$165	_____
Nonmember	\$180	\$195	\$230	_____

Student Registration**	Total
Full Meeting Registration	
Member	\$135 _____
Nonmember*	\$190 _____

*First-time meeting attendees who have not 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.

**Not eligible for CPE credit.

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

Second Annual ACCP Clinical Pharmacy Challenge

Saturday, October 15, 9:45 a.m.-12:30 p.m. _____ Quarterfinals
 Sunday, October 16, 4:30 p.m.-5:00 p.m. _____ Semifinal A
 Sunday, October 16, 5:15 p.m.-5:45 p.m. _____ Semifinal B
 Monday, October 17, 11:00 a.m.-11:30 a.m. _____ Finals

This event is open to all meeting attendees. Please check the box if you plan to attend.

Student Premeeting Symposia Registration

The Career Development Symposium

Saturday, October 15, 2:00 p.m.-4:30 p.m.
 This event is for students only and is included with paid student registration. Please check the box if you plan to attend.

Residency and Fellowship Forum

Monday, October 17, 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 the box if you plan to participate.
 I will be participating as an (a): Applicant Preceptor*

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

Oncology Pharmacy Specialty Sessions

Session will provide Board Certified Oncology Pharmacists access to the Web-based posttest for recertification.
 Member/Nonmember \$45 Total _____
 Please check the box if you plan to attend.

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. 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. Thank you.

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 15

Premeeting symposia registration includes course syllabi and CPE credit for a specific course.

	Early	Late	On-site	Total
Clinical Practice Primer				
8:00 a.m.-5:00 p.m.				
Member	\$195	\$245	\$285	_____
Nonmember	\$305	\$355	\$395	_____
<i>Student, Resident, or Fellow</i>				
Member	\$105	\$125	\$140	_____
Nonmember	\$145	\$165	\$180	_____

Basic Training for New Clinical Faculty and Preceptors
8:00 a.m.-5:30 p.m.

Member	\$195	\$245	\$285	_____
Nonmember	\$305	\$355	\$395	_____
<i>Student, Resident, or Fellow</i>				
Member	\$105	\$125	\$140	_____
Nonmember	\$145	\$165	\$180	_____

Regulatory/Ethical Issues
1:00 p.m.-5:00 p.m.

Member	\$95	\$125	\$135	_____
Nonmember	\$145	\$175	\$185	_____
<i>Student, Resident, or Fellow</i>				
Member	\$60	\$75	\$90	_____
Nonmember	\$105	\$125	\$135	_____

From Theory to Bedside: Clinical Reasoning Series
8:30 a.m.-4:30 p.m.

Member	\$195	\$245	\$285	_____
Nonmember	\$305	\$355	\$395	_____

Newcomers Orientation and Reception

Saturday, October 15, 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** to register at (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 (\$50) will be charged for full or 1-day meeting registrations cancelled before September 30, 2011. An administrative fee (\$30) will be charged for Premeeting Symposia registrations cancelled before September 30, 2011. Registration fees CANNOT be refunded for cancellations received on or after September 30, 2011. Requests for cancellations must be sent in writing to ACCP, 13000 W. 87th St. Parkway, Suite 100, Lenexa, KS 66215-4530; fax (913) 492-0088.

In the event that a session or event is cancelled beyond the control of ACCP, ACCP will not reimburse attendees, 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 2011 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 2011 Annual Meeting.

QUESTIONS?

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