

Meeting Registration Form • 2012 ACCP Annual Meeting

Your Name: _____

ACCP Annual Meeting • October 21–24, 2012 • Hollywood, Florida

The early registration deadline is September 14, 2012. The late registration deadline is October 5, 2012. ON-SITE registration fees apply if registration is received after October 5, 2012. Registration fees CANNOT be refunded for cancellations received after October 5, 2012.

Full registration includes the Opening Reception, all meeting sessions (excluding Premeeting Symposia on Saturday, October 20), 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	\$485	\$590	\$630	_____
Affiliate/Nonmember*	\$745	\$855	\$895	_____
Resident or Fellow				
Member	\$200	\$250	\$320	_____
Nonmember*	\$310	\$360	\$440	_____

One-Day Registration	Early	Late	On-site	Total
Check one: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday				
Member	\$245	\$300	\$330	_____
Affiliate/Nonmember	\$350	\$405	\$440	_____
Resident or Fellow				
Member	\$110	\$140	\$170	_____
Nonmember	\$185	\$200	\$235	_____

Student Registration	Total
Full Meeting Registration	
Member	\$140 _____
Nonmember*	\$200 _____

For student group discounts, contact Jon Poynter at ACCP; telephone: (913) 492-3311, ext. 21; e-mail: jpynter@accp.com. A student is an attendee in a pharmacy degree program earning their first professional degree. Student sessions are not eligible for CPE credit.

Student Premeeting Symposia Registration

The Career Development Symposium

Saturday, October 20, 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.

Third Annual ACCP Clinical Pharmacy Challenge

Saturday, October 20Quarterfinals
 Sunday, October 21Semifinals
 Monday, October 22Finals

Residency and Fellowship Forum

Monday, October 22, 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**

Student Orientation and Reception

Saturday, October 20, 4:45 p.m.–7:00 p.m.

Student meeting attendees are encouraged to attend. This event is included with a paid student meeting registration. Please check the box if you plan to attend.

* 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.

** Preceptors must have at least one residency or fellowship listing 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. 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 20

Premeeting symposia registration includes course syllabi and CPE credit for a specific course. Note: Academy Credit is provided only if attendee is already enrolled in the ACCP Academy Certificate Program.

	Early	Late	On-site	Total
Career Advancement Primer				
8:00 a.m.–5:00 p.m.				
Member	\$200	\$250	\$290	_____
Nonmember	\$315	\$365	\$400	_____
Resident and Fellow				
Member	\$110	\$130	\$145	_____
Nonmember	\$150	\$170	\$185	_____

Basic Training for New Clinical Faculty and Preceptors

8:00 a.m.–5:30 p.m.

Member	\$200	\$250	\$290	_____
Nonmember	\$315	\$365	\$400	_____
Resident and Fellow				
Member	\$110	\$130	\$145	_____
Nonmember	\$150	\$170	\$185	_____

Regulatory/Ethical Issues

1:00 p.m.–5:00 p.m.

Member	\$100	\$130	\$140	_____
Nonmember	\$150	\$180	\$190	_____
Resident and Fellow				
Member	\$60	\$75	\$90	_____
Nonmember	\$110	\$130	\$140	_____

From Theory to Bedside: Clinical Reasoning Series - Pharmacotherapy

8:30 a.m.–4:30 p.m.

Member	\$200	\$250	\$290	_____
Nonmember	\$315	\$365	\$405	_____

From Theory to Practice: Clinical Reasoning Series - Ambulatory Care

8:30 a.m.–4:30 p.m.

Member	\$200	\$250	\$290	_____
Nonmember	\$315	\$365	\$405	_____

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 _____ \$80 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 e-mail within 48 hours of registration. If you do not receive an e-mail, please call ACCP at (913) 492-3311.

CANCELLATION POLICY

An administrative fee (\$75) will be charged for full or 1-day meeting registrations cancelled before October 5, 2012. An administrative fee (\$40) will be charged for Premeeting Symposia registrations cancelled before October 5, 2012. Registration fees CANNOT be refunded for cancellations received on or after October 5, 2012. 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. An administration fee of \$40 will be charged to transfer a registration from one attendee to another.

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 2012 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 2012 Annual Meeting.

QUESTIONS?

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